

## REQUEST FOR GROUP LIFE INSURANCE BENEFITS

(PROOF OF DEATH FOR GROUP INSURANCE)

### INSTRUCTIONS:

1. Claimant, please fill in and sign SECTION 1 below.
2. Please include a Certified Death Certificate.
3. If death was the result of an accident, please attach copies of any police report, as well as copies of any toxicology report and autopsy report.
4. Submit this form, with any attachments, to Employer for completion of SECTION 2.

### SECTION 1

#### CLAIMANT'S STATEMENT

Deceased's Name:

Deceased's Address:

Name of Insured Employee:

Deceased's S.S. Number:

Name of Employer:

Group Policy Number:

Deceased Date of BIRTH:

Deceased's Date of DEATH:

Place of Death (if in hospital, give name and address of hospital):

Cause of Death:

Your Name:

Your Date of Birth:

State Your Relationship to Deceased:

Your Home Phone Number:

Your Cell Phone Number:

Your Address:

By my signature below, I hereby certify the following:

- Under the penalties of perjury, I certify that (1) the number I have documented on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- The above statements are true and complete to the best of my knowledge and belief. I understand and agree that by furnishing the form and investigating the claim, the UnitedHealthcare Insurance Company shall not be held to admit validity of any claim, or waive any of its rights, or any of the conditions of the policy. I hereby authorize UnitedHealthcare Insurance Company to obtain any medical or hospital records on the deceased. A photostat of this authorization will be as valid as the original authorization.
- I acknowledge that I have read the applicable Fraud Warning Notices provided with this claim form.

\_\_\_\_\_  
Social Security Number or Taxpayer Identification Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SECTION 2**

We certify that, to the best of our knowledge and belief, the following statements and answers are true:

**EMPLOYER'S STATEMENT**

Full Name of Employee \_\_\_\_\_

Address of Employee	Street Address		
	City	State	Zip

Employer	Group Policy Number
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Employee Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date to which Employee's Individual Premiums are paid \_\_\_\_\_

Date of Employment \_\_\_\_\_

Date Deceased Last Present at Work (Provide Employee's Time Records for 3 months prior to last day worked) \_\_\_\_\_

If Employee not actively at work on date of death, give reason:

- Discharged   
 On Leave of Absence   
 Quit   
 On Vacation   
 On Disability  
 Temporary Work Stoppage   
 Other, explain \_\_\_\_\_

Occupation or Class of Insured	Scheduled Hours Worked
--------------------------------	------------------------

Amount of Basic Life Insurance	\$ _____
Amount of Supplemental Life Insurance	\$ _____
Amount of Dependent Life Insurance	\$ _____
Amount of Accidental Death and Dismemberment Insurance	\$ _____
Amount of Voluntary Accidental Death and Dismemberment Insurance	\$ _____

Name of Beneficiary *	Relationship
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**\*Please attach any enrollment forms and beneficiary designations you retained.**

**AUTHORIZED OFFICIAL MUST SIGN BELOW:**

Provide Proof of Annual Earnings if life insurance benefit is based on Annual Earnings. (Proof will include Employee's Payroll Records for 3 months prior to last day worked.)

**Instructions:** After completion of both sections of this form, PLEASE MAIL OR FAX to address/fax number shown on 1<sup>st</sup> section of this form. Be sure to include all supporting documents.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Telephone Number of Employer (with area code)

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of Signing Company Official

**FRAUD WARNING NOTICES: (Please review notice that applies in your state)**

**For claimants in Alabama:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**For claimants in Alaska:**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For claimants in Arizona:**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For your protection California law requires the following to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

**For claimants in Colorado:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For claimants in Connecticut:**

Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**For claimants in Delaware:**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**For claimants in District of Columbia:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For claimants in Florida:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree

**For claimants in Hawaii:**

**For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.**

**For claimants in Idaho:**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**For claimants in Indiana:**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**For claimants in Kansas:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of fraud as determined by a court of law.

**For claimants in Kentucky:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**FRAUD WARNING NOTICES: (Please review notice that applies in your state)**

**For claimants in Maine:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For claimants in Maryland:**

Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For claimants in Minnesota:**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**For claimants in New Hampshire:**

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**For claimants in New Jersey:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**For claimants in New Mexico:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and penalties.

**For claimants in Ohio:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For claimants in Oklahoma:**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive and insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For claimants in Oregon:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**For claimants in Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For claimants in Tennessee and Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For claimants in Texas:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For claimants in Vermont:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a crime.

**For claimants in Virginia:**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete, or misleading information may have violated state law.

**For claimants in All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.