

Death CLAIM FORM

ADVANCE*
 Insurance Company of Kansas
 1133 SW Topeka Blvd, Topeka, KS 66629-0001
 Phone (785) 273-9804 or Toll-free (800) 530-5989
 FAX (785) 273-6121 advanceinsurance.com

Claim no. (for office use only) _____

See special instructions on reverse side.

All death claims require a certified copy of the death certificate. The employer or plan administrator completes this form.

Applying for death benefits for?	<input type="checkbox"/> Life	<input type="checkbox"/> Accidental Death	<input type="checkbox"/> Dependent Life
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1. Employee's name:	(Last)	(First)	(Middle)	Employee's Social Security No.
2. Name of deceased:	(Last)	(First)	(Middle)	Amount of insurance \$
3. Deceased's home address:	(Street)	(City)	(State)	(Zip)
4. Date of death (MM-DD-YYYY)		Cause of death:		
5. Employee's job title or occupation:				
6. Name of beneficiary(ies):			Relationship to deceased:	Beneficiary's age:
7. Address of beneficiary(ies) :				Beneficiary's Social Security No.
8. Was death due to an accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was it an occupational accident?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Describe the accident.				
10. Employee's date of employment (MM-DD-YYYY)				
11. Date employee last physically reported to work (MM-DD-YYYY)			12. Date employee last carried on payroll (MM-DD-YYYY):	
13. If group policy issued to a Union or Trustee plan, please answer the following: a) date employee became a member _____ b) date employee terminated membership _____ c) was the insured a member in good standing on the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			14. Name of physician attending insured at the time of death: Name: _____ Address: _____ _____ Phone # _____	
15. Remarks				

The company will not be held to admit the validity of any claim or to waive the breach of any condition of the policy by furnishing this form and investigating the claim.

Name of Group Policyholder _____
Employer's Full address _____ <small>(PO Box and Street, City, State and Zip)</small>
Phone no. () _____ Fax no. () _____
Employer sign here <input checked="" type="checkbox"/> _____ Date signed _____
Title of signatory above _____

— Warning —

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. Report fraud to our Fraud Hotline (800) 530-5989.

Special instructions

Upon the death of the insured employee or dependent, the claim form, newspaper clipping, Certified copy of the of death certificate and any other relevant attachments should be sent to the claims department of:

Advance Insurance Company of Kansas

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

The claim form should be fully completed and signed by the authorized officer of the group policyholder. Failure to complete all questions will cause a delay in the claim settlement.

Please be sure to include the beneficiary's social security number, relationship, age and address.

If your plan includes dependent life insurance coverage:

- answer questions 2 through 4 and questions 8 and 9 as they apply to the dependent. The beneficiary will be the insured employee if basic dependent coverage. The beneficiary of a spouse covered under a voluntary life plan will be as designated; the insured parent will be the beneficiary of voluntary life dependent child coverage.
- answer questions 5 through 7 as they apply to the employee.

Submit medical proof of death on all death claims in the form of a **certified** copy of the death certificate.

If death was due to an accident and claiming Accidental Death benefits, we could request additional information including one or more of the following in addition to the other required documentation:

- coroner's report,
- police report,
- accident report, or
- toxicology report.

Self-administered group policyholders should attach the original enrollment form and all change of beneficiary forms.

If insurance proceeds are payable to the estate of the insured, we will require a copy of the appointment of an administrator or executor of the insured's estate.

If insurance proceeds are payable to a minor child or mentally incompetent person, we will require a copy of the legal documents appointing a conservator for the beneficiary.

If the designated beneficiary is deceased, a **certified** copy of his or her death certificate should be furnished.