

Please return completed form to: Individual Assurance Company, Attn: Claims Department, P.O. Box 14998, Oklahoma City, OK 73113-0998 or fax to (405) 285-0836

CLAIMANT'S PROOF OF DEATH
(BEFORE COMPLETING, READ INSTRUCTIONS ON BACK OF THIS FORM)

Deceased's Information

Full Name		Policy Number	Date of Birth
Residence at Death (Address, City, State, Zip Code)			Social Security Number
Date of Death	Place of Death	Cause of Death	
When did deceased first complain of, or give other indications of, his last illness?			
When did deceased first consult a physician for his last illness?			
On what date did the deceased last attend to his usual work?			

List the names and addresses of all physicians who attended to the deceased during the three years prior to death.

Family Physician Name and Address	Date of Treatment	Reason for Treatment
Medical Provider Name and Address	Date of Treatment	Reason for Treatment
Medical Provider Name and Address	Date of Treatment	Reason for Treatment
Medical Provider Name and Address	Date of Treatment	Reason for Treatment

In what capacity, or by what title, do you claim this insurance?	
Do you elect one of the optional modes of settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which mode of settlement?	
If the policy has been assigned, give date of assignment, present amount of assignee's claim, and have the assignee sign this statement.	
Date of Assignment:	Amount of Assignee's Claim:

Upon presentation of the original or a photocopy of this signed authorization, I authorize any medical professional, hospital or other medical care institution, insurance support organization, pharmacy, government agency, insurance company, group policyholder, employer or benefit plan administrator to provide Individual Assurance Company, Life, Health & Accident (the Company) or an agent, attorney, consumer reporting agency, acting on its behalf, information concerning advice, diagnosis, care or treatment provided to the deceased named above, including information relating to mental illness, use of drugs, use of alcohol, acquired immunodeficiency syndrome (AIDS) or an AIDS related complex (ARC). I also authorize release of any and all financial or employment related information.

I understand that such information will be used by the Company for the purpose of evaluating the claim filed for insurance benefits and that I or any authorized representative will receive a copy of this authorization upon request. This authorization will expire 12 months from the date of the signature below.

I/WE UNDERSTAND THAT THE FURNISHING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE COMPANY NOR A WAIVER OF ANY OF ITS RIGHTS OR DEFENSES.

Dated at _____ this _____ day of _____.

Claimant, Name and Address	Claimant's Signature	Relationship to Deceased	Date of Birth	Social Security Number

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.

INSTRUCTIONS

- 1) The Claimant's Proof of Death must be completed by the person or persons making claim and must be accompanied by the policy and by a certified copy of Certificate of Death.
- 2) The Claimant's Proof of Death must be executed by the person legally entitled to receive the money, who must state in capacity he or she makes claim - whether as Beneficiary named in the policy, Assignee, Executor, Administrator, Guardian, or Trustee. If the Beneficiary is not of legal age, a Guardian must be appointed. If the insurance is payable to the Insured's estate, an Administrator or Executor must be appointed. If the Claimant's Proof of Death is executed by an Executor, Administrator or Guardian, a certified copy of the certificate of such appointment must be submitted.
- 3) Where there is more than one beneficiary or claimant, they should all sign the Claimant's Proof of Death.
- 4) When a policy is payable to a named beneficiary or two or more beneficiary and by the death of any beneficiary has become otherwise payable, a certified copy of the deceased beneficiary's death certificate must be submitted and must also state whether they died unmarried, intestate, and without issue.
- 5) When a policy, or any part of it is payable to "children" or others of a class, a sworn statement must be furnished giving names and dates of birth of each. If any have died, a certified copy of the deceased beneficiary's death certificate must be submitted and must also state whether they died unmarried, intestate, and without issue.
- 6) The Company reserves the right to require or obtain such additional evidence as it may deem necessary.
- 7) Before transmitting these papers to the Company, review all answers carefully and see that any necessary papers are attached in accordance with the instructions as given above.