

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Individual Assurance Company 5500 N Western Avenue, Suite 200, Oklahoma City, Oklahoma 73118 • 1-800-821-5434 ext. 422

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

CLAIMS PROCESSING REPORT

Date		Number of Pages, Including Cover Sheet					
From		To IAC Home Office					
Fax Number	Fax Number (405) 285-0836						
Government Group Name				Government Group Number			
Name of Employee/Retiree							
Employment Status ☐ Active Employee ☐ Retiree	Social Security Number or ID Number				Annual Salary/Pension		
Name of Deceased							
Deceased's Date of Birth	Last Date Worked (if deceased was Employee)			Date of Death			
Cause of Death	_				Amount of Insurance \$		
Is deceased eligible for coverage as either an Active	e Employee or a Retire	e? □ Yes	□ No				
BENEFICIARY NAMES	SOCIAL SECURITY NUMBER RELATIONS			HIP	A – ADULT M – MINOR	PERCENTAGE of BENEFIT*	
*	The total of the Percen	stage of Pone	fit column must oau	al 100% /	or chock horo	for agual charge	
Documents Included With This Report: ☐ Death Certificate (as Proof of Death) ☐ Enrollment Form	THE total of the Percen	itage of belie	nii column musi equ	al 100 %, (л спеск пете 🗅	ioi equal sitales.	
□ Birth Certificates for Minors□ Guardianship Documents for Minors□ Parent Documentation	Administrator Name (Print or Type)						
□ Premium Verification	Signature			Date			

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.