

Combined Insurance Company of America

Claim Department • Administrative Office 17 Church St. Keene, NH 03431 Telephone 1-855-241-9891 Fax 603-357-0250

Claim Form for Life Insurance

Claim Number: _____

TO BE COMPLETED BY BENEFICIARY

DECEDENT INFORMATION

Deceased's Full Name				Policy Number	Form/Plan Number	
Please list other names the deceased may have used such as maiden name, nickname, hyphenated name, alias, etc.				Policy Number	Form/Plan Number	
Deceased's Address (Street and No.)		City	State	Zip	Policy Number	Form/Plan Number
Deceased's Birth Date		Mo. Day Yr	Date of Death	Mo. Day Yr	Policy Number	Form/Plan Number
<i>If death was due to SICKNESS Please complete</i>		Nature of sickness				
<i>If death was due to ACCIDENT Please complete</i>		Date of accident Mo. Day Year / /		Nature of injuries Please describe where and how accident occurred		

BENEFICIARY INFORMATION

Beneficiary's full name			Beneficiary's Birth Date: Mo. Day Yr / /			Relationship to deceased
Mailing Address (Street and No.)			City	State	Zip	Home telephone # ()
If beneficiary is a minor please list parent/guardian name and address					Work telephone # ()	
E-Mail Address					Cell telephone # ()	

FRAUD NOTIFICATIONS

If you are a resident of or if the policy was issued in one of the following states, we are required to provide you with the following Fraud Warning Notification:

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.

DISTRICT OF COLUMBIA: Any person who knowingly or willfully presents a false or fraudulent claim for payment of 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.

FLORIDA: Any person who knowingly and with the 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.

