

UNIVERSAL CLAIM FORM FOR FUNERAL HOME APPLYING FOR FUNERAL EXPENSES

NOTE: Please complete the entire claim form. This form cannot be processed if information is incomplete.

With this Claim Form, make sure that you have included either of the following documents:

- Certified Death Certificate OR Other Evidence of Death Satisfactory to Insurance Company

Section 1. The Insurance Company

Name of Insurance Company

Insurance Policy No (s)

Section 2. The Insured

Name of deceased	Social Security No.	Date of Birth
Residence at death	Date of Death	

Section 3. Funeral Home

The Funeral Home certifies to the Insurance Company that the Decedent died on the date set forth above, and that the Funeral Home has provided all of the funeral goods and services contracted for under any applicable preneed or at-need funeral contracts. The Funeral Home certifies to the Insurance Company that it is legally entitled to be paid the following amount from the proceeds of the Insurance Policy(s) listed above (select **ONLY ONE OPTION**):

- All of the proceeds of the Insurance Policy(s).

OR

- \$_____, which represents the total cost of the funeral bill for the Decedent.

Name	Federal Taxpayer ID No.			E-mail Address
Address (number, street, apt)	City	State	Zip Code	Telephone No.
Name of Funeral Home Representative	Telephone No.	E-mail Address		
Signature of Funeral Home Representative				

Statement of Beneficiary (Name, Social Security No. and signature of each beneficiary is required)

If there will be excess proceeds from the Insurance Policy(s) after the funeral bill is paid to the Funeral Home, the beneficiary(s) listed in the Insurance Policy(s) need to complete the following Statement of Beneficiary and submit it with the Universal Claim Form for the Funeral Home.

Name of Beneficiary	Social Security No.	Relationship to Decedent
---------------------	---------------------	--------------------------

I hereby certify under penalties of perjury that the Social Security number on this form is correct. I am not subject to backup withholding. I am making claim for the life insurance proceeds as _____
(Beneficiary, Spouse, Executor, Trustee, etc.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

Beneficiary Signature	Date
-----------------------	------

Name of Beneficiary	Social Security No.	Relationship to Decedent
---------------------	---------------------	--------------------------

I hereby certify under penalties of perjury that the Social Security number on this form is correct. I am not subject to backup withholding. I am making claim for the life insurance proceeds as _____
(Beneficiary, Spouse, Executor, Trustee, etc.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

Beneficiary Signature	Date
-----------------------	------

SEE REVERSE SIDE FOR FRAUD WARNINGS

Fraud Warnings

Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Tennessee, Texas, Washington, West Virginia: Any person, who knowingly 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, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

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.

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

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts of 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 of 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.

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.

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.

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.

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

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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.