

Instructions

1. Please make certain that all pertinent questions are answered and the proper supporting documents are included before forwarding claim to avoid unnecessary delay in processing the claim.
2. Please submit along with this completed form a certified copy of the official Death Certificate and the original enrollment card with all applicable changes of beneficiary. If Accidental Death benefits are being claimed, provide any police report, autopsy report, newspaper articles or similar document that describes the accident.
3. If benefits are to be paid to a minor beneficiary, a certified copy of the appointment of a guardian of the estate of the minor by the Court is required prior to any payment.
4. If benefits are to be paid to the estate of the deceased, a certified copy of the appointment of the executor or administrator of the estate of the deceased insured by the Court is required prior to any payment.
5. If the designated beneficiary predeceased the insured, a certified copy of the Death Certificate of the deceased beneficiary will be required.
6. If no beneficiary was designated or if the designated beneficiary predeceased the insured, then the insurance becomes payable, based on the following order of preference to: surviving spouse, deceased's children, deceased's parents, deceased's brothers and sisters, or to the executors or administrators of the deceased's estate, unless directed specifically by the policy.
7. If more than one beneficiary is entitled to receive the insurance proceeds, the additional beneficiaries should sign below and provide the requisite information.
8. If the decedent was permanently and totally disabled and his death occurred more than 31 days after the termination of his insurance under the group policy, the beneficiary should complete and have the decedent's attending physician complete *Form No. 1182.4 (Application for Total and Permanent Disability Benefits)*, which should be forwarded with the claim.

Fraud Warning: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits. For the residents of California, Colorado, District of Columbia, Florida, New Jersey, New York, or Pennsylvania, please see the applicable fraud warnings below.

California: Any person who knowingly presents false or fraudulent claim for the 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 or 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 or 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.

Florida: Any person who knowingly and with 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.

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

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.



Proof of Death

PLEASE PRINT

Please submit this form to:
GROUP LIFE CLAIM DEPARTMENT
The Union Labor Life Insurance Company
8403 Colesville Road
Silver Spring, MD 20910
Phone: 202.682.6768 • Fax 202.962.2939
Toll-free 866.795.0680

Policyholder's Statement

Claim is hereby filed for the following benefits and amounts:

Insured Name _____

Insured Social Security Number _____

<u>Claim Type</u>	<u>Amount of Insurance</u>	<u>Policy Number</u>
Basic Life	\$ _____	G- _____
Supplemental Life	\$ _____	G- _____
Accidental Death	\$ _____	C- _____

Decedent Is: Active Retiree Spouse Child

Policyholder's Certification

We certify that the decedent was eligible at the time of death.

Policyholder _____
Name of Union, Fund, or Employer

By _____
Signature and Title

Date _____

Regarding the Deceased

1.a. Name _____

2.a. Date of Birth _____
Month/Day/Year

b. Social Security Number _____

b. Place of Birth _____
City/State

3.a. Date of Death _____
Month/Day/Year

4.a. Date Last Worked _____

b. Place of Death _____
City/State

b. Last Occupation _____

c. Cause of Death (In Detail) _____

Questions No. 5 and 6 should only be answered if Accidental Death Claim is filed.

5.a. Date of accident _____
Month/Day/Year

5.b. Place of accident _____
City/State

6. Describe fully how the accident occurred and the nature of injuries received: _____



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Beneficiary Statement (Beneficiary Social Security Number must be provided)

Full Name _____ Date of Birth _____ S.S. No. _____

Address _____
Street Address/P.O. Box Number _____ City _____ State _____ Zip _____

Day time phone _____ Evening phone _____ Relationship to the deceased _____

I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud warning(s) on page 1 of this form.

BENEFICIARY _____
Signature _____ Date _____

For additional beneficiaries complete the information below:

Full Name _____ Date of Birth _____ S.S. No. _____

Address _____
Street Address/P.O. Box Number _____ City _____ State _____ Zip _____

Day time phone _____ Evening phone _____ Relationship to the deceased _____

I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud warning(s) on page 1 of this form.

BENEFICIARY _____
Signature _____ Date _____

Full Name _____ Date of Birth _____ S.S. No. _____

Address _____
Street Address/P.O. Box Number _____ City _____ State _____ Zip _____

Day time phone _____ Evening phone _____ Relationship to the deceased _____

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ULLICO Beneficiary Asset Account *

If your insurance benefit is \$10,000 or more, Union Labor Life will automatically open a free, interest-bearing ULLICO Beneficiary Asset Account in your name. **If you wish to receive your proceeds as a cash lump sum, you may simply write a draft for the total amount of the account.** The free drafts and a description of this service will be sent to you upon approval of this claim. Some of the features include:

Safety – The full amount in the Account, including interest earned, is completely guaranteed by Union Labor Life.

Competitive – The Account earns a competitive interest rate. Interest is compounded daily and credited monthly to your account.

Convenient - You may immediately withdraw amounts as small as \$100 per draft or as large as the entire account balance. There is no limit to the number of drafts you can write each month, as long as their combined total does not exceed your account balance.

Free - There are no monthly service fees, closing fees, or draft charges.

Full-Service – Toll-free telephone access to specially trained Customer Service Representatives is available.

Time to Decide - Your ULLICO Beneficiary Asset Account is designed to give you easy access to your money, while earning a competitive interest rate from the moment your account is established.

* The ULLICO Beneficiary Asset Account is not available to the beneficiary if: (1) the benefit amount is less than \$10,000; (2) the beneficiary is a minor; (3) the beneficiary resides in a foreign country; (4) the beneficiary is a corporation, partnership, tax exempt entity, trust, or any other third party.