

**BENEFICIARY STATEMENT****INSTRUCTIONS TO THE BENEFICIARY:**

- Each beneficiary should complete and sign a separate Beneficiary Statement. If the beneficiary is a minor, the parent or custodian of the minor beneficiary may sign on his or her behalf.
- If claim is being made for an Accidental Death benefit, provide:
  - The police or accident report, newspaper articles, work injury report or similar documentation that describes the accident.
  - The Authorization for Release of Medical Information fully completed by the named beneficiary or next of kin if named beneficiary is not the next of kin.
- Mail these documents to the address at the top of this claim form.

Group Policy Number \_\_\_\_\_

**A. INFORMATION ABOUT THE DECEASED PERSON**

1. Name \_\_\_\_\_
2. Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_
3. Last address, if known \_\_\_\_\_

**B. INFORMATION ABOUT THE DECEASED DEPENDENT (Answer only for the death of a Member's child or spouse)**

1. Relationship of the deceased to the Member  Spouse  Child  Other \_\_\_\_\_
2. If the dependent is your spouse, provide date of marriage \_\_\_\_\_
3. If the dependent is your child, answer the following:
  - a. Was the dependent child attending school?  Yes  No
  - b. If yes,  full time  part time Name of school \_\_\_\_\_
  - c. Was the dependent child working full time?  Yes  No
4. If dependent was confined to a hospital since the effective date of coverage, please provide the hospital name, address and date of confinement \_\_\_\_\_  
\_\_\_\_\_

**C. INFORMATION ABOUT THE BENEFICIARY**

1. Beneficiary's name \_\_\_\_\_
2. Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex  Male  Female
3. Address \_\_\_\_\_
4. Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Check this box if you have been notified by the Internal Revenue Service that you are subject to backup withholding on interest and dividends, under provisions of 3406(a)(1)(c) of the Internal Revenue Code.
5. Relationship to the deceased  Spouse  Child  Other \_\_\_\_\_

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.

**I certify, under penalty of perjury, that the information I have provided in this Beneficiary Statement is true, correct, and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

**Please read the following notice that we are required by law to give to you.**

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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.

AR, LA, RI, WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: 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.

CA: For your protection California law requires the following to appear hereon: Any person who knowingly presents a 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.

CO: 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.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC: 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.

FL: 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.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD: 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.

NH: 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.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY: 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.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: 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.

TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TX: Any person who knowingly presents a 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.