

Life Insurance Death Benefit Claim

INSTRUCTIONS

1. This Death Benefit Report, together with the Life Insurance and/or Annuity Certificate(s) of the deceased and a copy of the Death Certificate, must be sent to the Home Office of the Serb National Federation, 920 Poplar Street, Pittsburgh, PA 15220, to the attention of Claims Department before payment can be issued.
2. If part or all of the benefit was designated for funeral expenses, an itemized statement for funeral expenses from the Funeral Director must be forwarded to the Home Office before a payment can be issued.
3. Should the member die outside the United States of America a certification, signed by an authorized individual, and forwarded to the Home Office.

Deceased Information:

- Death Certificate is enclosed. Date of Death _____ / _____ / _____
- Life Insurance/Annuity Certificate(s) Enclosed -. Certificate (s) # _____

First Name	MI	Last Name	Gender	Date of Birth
Street Address	City		State	Zip Code
Date of Death				
Social Security Number				
Citizen of the U. S. A.: <input type="checkbox"/> YES, <input type="checkbox"/> NO; Country of Citizenship: _____				

Relationship to Decedent, I am filing this claim as:

- Individual who is a named beneficiary on the Certificate, Relationship _____ Male, Female
- Trustee of a Trust, which is a named beneficiary under the contract
- Executor of an Estate, which is named beneficiary under the contract
- Other _____

Contact Information:

First Name	MI	Last Name	Gender	Phone Number
Street Address	City		State	Zip Code
Email Address				
Social Security Number				
Date of Birth				

I hereby attest that the original policy is lost. YES or NO, if yes, I further attest that the above-mentioned policy has not been assigned to any person or entity.

By signing below, I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief.

Beneficiary's Signature _____ Date _____ - _____ - _____

Title (if applicable) _____ Relationship to Deceased _____

HOME OFFICE USE:

Signature of Approval: _____ Date _____ - _____ - _____