



Life Claim Information

Insured's Informations

Policy Number _____

Insured's Name _____
First MI Last

Address _____
Street

City State Zip

Date of Birth _____ / _____ / _____ Date of Death _____ / _____ / _____
Month Day Year Month Day Year

Information of Person Handling Affairs

Name _____
First MI Last

Address _____
Street

City State Zip

Relationship to Insured _____ Phone Number (_____)

Email Address _____

Please provide the following:

- Certified Death Certificate for Insured showing the cause and manner of death;
- Copy of Insured's obituary notice or a newspaper clipping, if available;
- Assignment of benefits, if applicable;
- Copy of Beneficiary's Death Certificate or obituary notice, if applicable.

Beneficiary Information, If Living

Beneficiary's Name _____
First MI Last

Address _____
Street

City State Zip

Relationship to Insured _____ Phone Number (_____)

Beneficiary's Name _____
First MI Last

Address _____
Street

City State Zip

Relationship to Insured _____ Phone Number (_____)

Beneficiary's Name _____
First MI Last

Address _____
Street

City State Zip

Relationship to Insured _____ Phone Number (_____)



Deceased Beneficiary Note: If the beneficiary predeceased the Insured, provide Next of Kin information for the Insured. If the beneficiary died after the Insured, provide Next of Kin information for the Beneficiary. If an Estate has been set up, submit a copy of the Court Order of Appointment.

1. Surviving Spouse's Name, Address and Phone Number:

If no surviving spouse:

2. Surviving Children's Names, Addresses and Phone Numbers: (If additional children, please attach.)

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

If no surviving spouse or children:

3. Surviving Parents' Names, Addresses and Phone Numbers:

Mother: _____

Father: _____

If no surviving spouse, children or parents:

4. Surviving Siblings' Names, Addresses and Phone Numbers: (If additional siblings, please attach.)

Sibling 1: _____

Sibling 2: _____

Sibling 3: _____

Sibling 4: _____

Please be advised that in the event there is no estate administered, each of the Insured's immediate surviving next of kin will be required to sign a release and indemnity form before benefits can be issued.

I certify that there is no estate being administered for the Insured and the immediate surviving next of kin are listed above.

(Signature)

(Relationship to Insured)

(Date)

Submit this form with the requested documentation to: Physicians Life Insurance Company, PO Box 2018, Omaha, NE 68103-2018.

Benefits are subject to final approval. This policy may have exceptions and limitations, and we do not guarantee payment. Additional information may be required upon request.

Please contact us at 1-800-228-9100 during normal business hours if you have any questions or need additional assistance.

Fraud Warnings

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 a combination thereof.

Alaska

A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

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 false or fraudulent information to obtain or amend insurance coverage or to make a 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.

Delaware, Idaho, Indiana and Oklahoma

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

District of Columbia and Maine

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.

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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 and subjects such person to criminal and civil penalties.

Maryland

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.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of 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 section 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.

New Mexico

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.

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.

Ohio

Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

Tennessee, Virginia and Washington

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

All Other States

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.