



SENIOR LIFE INSURANCE COMPANY
 1 Senior Life Lane
 Thomasville, GA 31792
 877-777-8808
www.SeniorLifeInsuranceCompany.com

CLAIM FORM

| INSURED INFORMATION | | | |
|--|--|-------------------------|------------------------|
| Deceased's Name | | Policy Number | |
| BENEFICIARY INFORMATION | | | |
| 1. Beneficiary's Name | | Date of Birth | Social Security Number |
| Relationship to Insured | | Phone Number | Email |
| Address | | City | State Zip |
| 2. Beneficiary's Name | | Date of Birth | Social Security Number |
| Relationship to Insured | | Phone Number | Email |
| Address | | City | State Zip |
| INSURED'S MEDICAL INFORMATION | | | |
| Please list any known information regarding medical providers, doctors, or hospitals. | | | |
| Name | | Address | Phone |
| Name | | Address | Phone |
| Name | | Address | Phone |
| COMPLETE ONLY IF ASSIGNING FUNDS. | | | |
| The Beneficiary(ies) identified above hereby assigns and transfers the proceeds of the above referenced insurance Policy for the purpose of purchasing funeral services and merchandise for the deceased Insured as follows: | | | |
| Amount of Assignment \$ | | Assign Proceeds to | |
| Address | | | |
| The remainder of the proceeds, if any, will be made payable to the Beneficiary(ies). | | | |
| (Beneficiary Signature) | | (Beneficiary Signature) | |
| Sworn and subscribed before me the | | day of | |
| Notary Public Signature | | My commission expires | |

**NOTARY
SEAL**

Fraud Notifications

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.

Arkansas and Louisiana – 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.

California – For your protection California law requires the following to appear on this form. 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.

Delaware – 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 – 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.

Indiana – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

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 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.

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.

Oklahoma – 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.

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 – 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.

Virginia – Any person who, with the 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 may have violated the state law.

All Other States – 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 may be guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.



Senior Life Insurance Company
P.O. Box 2447
Thomasville, GA 31799-2447
877-777-8808
www.SeniorLifeInsuranceCompany.com

CALIFORNIA FRAUD ENDORSEMENT

For your protection California law requires the following statement 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.”

The coverage under the Policy to which this Endorsement is attached remains the same.