

Death **CLAIM FORM** for Individuals

ADVANCE*
Insurance Company of Kansas
1133 SW Topeka Blvd, Topeka, KS 66629-0001
Phone (785) 273-9804 or Toll-free (800) 530-5989
FAX (785) 290-0727 advanceinsurance.com

Claim no. (for office use only)

All death claims require a certified copy of the death certificate. See special instructions on following page.

Applying for death benefits for? <input type="checkbox"/> Life <input type="checkbox"/> Child Insurance				Policy no. _____
1. Insured's name:	(Last)	(First)	(Middle)	Insured's Social Security No.
2. Name of deceased:	(Last)	(First)	(Middle)	Amount of insurance \$
3. Deceased's home address:	(Street)	(City)	(State)	(Zip)
4. Date of death (MM-DD-YYYY)				Cause of death:
5. Name of beneficiary: (note: the Insured will be the beneficiary if applying for Child Insurance. If there is more than one beneficiary for an Insured's Life insurance, complete sections A-C below.)				
6. Beneficiary's Social Security No.			Relationship to deceased:	Beneficiary's age:
7. Address of beneficiary: (Street) (City) (State) (Zip)				
8. Beneficiary sign here X				Date signed:
9. Remarks:				

All additional beneficiaries must sign and complete the questions below. If this space is insufficient, please provide the requested information, signed and dated, on a separate piece of paper.

A. Name of beneficiary:				Relationship to deceased:	Beneficiary's age:
Address of beneficiary: (Street) (City) (State) (Zip)				Beneficiary's Social Security No.	
Beneficiary A. sign here X				Date signed	
B. Name of beneficiary:				Relationship to deceased:	Beneficiary's age:
Address of beneficiary: (Street) (City) (State) (Zip)				Beneficiary's Social Security No.	
Beneficiary B. sign here X				Date signed	
C. Name of beneficiary:				Relationship to deceased:	Beneficiary's age:
Address of beneficiary: (Street) (City) (State) (Zip)				Beneficiary's Social Security No.	
Beneficiary C. sign here X				Date signed	

The company will not be held to admit the validity of any claim or to waive the breach of any condition of the policy by furnishing this form and investigating the claim.

— Warning —

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. Report fraud to our Fraud Hotline (800) 530-5989.

Special instructions

Upon the death of the insured (or insured child, if applying for child insurance) send this claim form, a newspaper clipping, a certified copy of the death certificate and the policy, if available, to our claims department at:

Advance Insurance Company of Kansas
1133 SW Topeka Blvd.
Topeka, KS 66629-0001
Phone (785) 273-9804 or Toll-free (800) 530-5989

The claim form should be fully completed and signed. Failure to complete all questions will cause a delay in the claim settlement.

Please be sure to include the social security number, relationship, age and address of each beneficiary.

If your plan includes Child Insurance coverage:

- answer questions 2 through 4 as they apply to the child; the beneficiary will be the Insured.
- answer questions 5 through 7 as they apply to the Insured.
- the Insured should sign and date at 8.

Submit medical proof of death on all death claims in the form of a **certified** copy of the death certificate.

If insurance proceeds are payable to the estate of the insured, we will require a copy of the appointment of an administrator or executor of the insured's estate.

If insurance proceeds are payable to a minor child or mentally incompetent person, we will require a copy of the legal documents appointing a conservator for the beneficiary.

If the designated beneficiary is deceased, a copy of his or her death certificate should be furnished.