Death Claim Form

(to be completed by the Group Policyholder)

ADVANCE Insurance Company of Kansas SM

For office use only

Claim number

CLEAR DATA

All death claims require an original certified copy of the death certificate.

Benefit being requested:

☐ **Life** ☐ **Accidental Death** ☐ **Dependent Life**

Amount of insurance $ _____

Employee's first name | MI | Last name | Suffix

Employee's social security no. | Date of employment | Job title or occupation

What was the last date this employee physically reported to work and performed their normal job duties? _____ _____ _____

What date was this employee last carried on your company's payroll? _____ _____ _____

The decedent:

Decedents's first name | MI | Last name | Suffix

Decedent's home address | City | State | ZIP code

Decedent's date of birth | Date of death | Cause of death

Was death due to an accident? ☐ Yes ☐ No If yes, describe the accident: _____

The beneficiary(ies):

Beneficiary's first name | MI | Last name | Suffix

Beneficiary's home address | City | State | ZIP code

Beneficiary's relationship to deceased | Date of birth | Social security number

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Additional beneficiary's first name | MI | Last name | Suffix

Additional beneficiary's home address | City | State | ZIP code

Additional beneficiary's relationship to deceased | Date of birth | Social security number

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Remarks: _____

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.

Group Policyholder (name) | Policyholder phone number | Policyholder fax number

Policyholder mailing address | City | State | ZIP code

Employer sign here | Title of person signing | Date signed

1133 SW Topeka Blvd. • Topeka, KS 66629-0001 • Phone (785)273-9804 or Toll-free (800)530-5989 • Fax (785)290-0727

Special instructions

Upon the death of the insured employee or dependent send this claim form, an original certified copy of the death certificate, and any other relevant attachments to the Claims department of:

Advance Insurance Company of Kansas

1133 SW Topeka Blvd.

Topeka, KS 66629-0001

The claim form should be fully completed and signed by an authorized representative of the group policyholder. Failure to complete all the questions may cause a delay in the claim settlement.

If your plan includes dependent life coverage:

- The beneficiary will be the insured employee if basic dependent coverage. The beneficiary of a spouse covered under a voluntary life plan will be as designated; the insured parent will be the beneficiary of voluntary life dependent child coverage.

Submit medical proof of death on all death claims in the form of an original certified copy of the death certificate.

If death was due to an accident, additional information will be requested and may include one or more of the following in addition to the other required documentation:

- coroner's report,
- police report,
- accident report, and/or
- toxicology report.

Self-administered group policyholders should include the original enrollment form and all change of beneficiary forms with the claim form.

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 with the claim form.