ACE American Insurance Company

PROOF OF LOSS…….Accidental Death

Mail to: ACE American Insurance Company
P.O. Box 15417
Wilmington, DE 19850
800-336-0627 or 302-476-6194
Fax – 302-476-6154
Diane.Basa@ace-ina.com

Name of Group: UNIVERSITY OF CALIFORNIA

Policy Number: ADDN04223822

In addition to the claim form, the following items are required:
(1) A Certified Copy of the final death certificate;
(2) Your company's enrollment benefits form and Beneficiary Designation;
(3) Confirmation of employee's Principal Sum and current premium payment;
(4) The Police Report, any Autopsy Report, and any newspaper clippings.
(5) If Business Travel, a copy of employee's itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company.

| **Insured** | **Certificate Number(s)** |
|---|---|

## Facts concerning insured

| Full Name | Social Security Number |
|---|---|
| Address | |

| Date of Birth | Place of Birth | Date of Death |
|---|---|---|

| Occupation | Name of Employer |
|---|---|
| Employer's Address | |

## Beneficiary

| Name | Relationship to Deceased | Date of Birth | Social Security Number |
|---|---|---|---|
| Address | | | Telephone: ( ) |

## Statements Regarding the Accident

| Date of Accident | Place |
|---|---|

State Specifically how Accident Happened

Did the accident occur in the course or during deceased's employment?

☐ Yes ☐ No If "yes", has there been, or will there be, a claim filed for Worker's Compensation? ☐ Yes ☐ No

Name of Worker's Compensation Carrier

Address

## To be completed if death resulted from motor vehicle accident

| Type of Vehicle | Registered Owner | Was deceased the driver? |
|---|---|---|

Use of vehicle: ☐ Business ☐ Pleasure ☐ Business and Pleasure

Name of law enforcement agency investigating accident

Address

## To be completed on all claims

Was an inquest held? ☐ Yes ☐ No If "yes", complete the following and attach a copy of proceedings and verdict.

Name of court holding hearing

Address

Was an autopsy conducted? ☐ Yes ☐ No If "yes", complete the following and attach certified copy of report.

| Name of person conducting autopsy | Title |
|---|---|

Address

## First physician attending deceased after injury

| Name: | Address: |
|---|---|
| | |
| | |

## Previous medical history

Was deceased treated for any medical conditions within five years prior to the accident?

□ Yes □ No If "yes", list physician(s) in attendance below

| | | |
|---|---|---|
| **1** | Name | Address |
| | Medical Condition | Dates of treatment |
| **2** | Name | Address |
| | Medical Condition | Dates of treatment |
| 3 | Name | Address |
| | Medical Condition | Dates of treatment |

## Other insurance on life of deceased

| Company name | Address | Amount |
|---|---|---|
| Company name | Address | Amount |
| Company name | Address | Amount |
| Company name | Address | Amount |

By signing below I hereby certify that these statements and answers are true and correct to the best of my knowledge and belief.

| Signature of beneficiary/claimant | Dated |
|---|---|

Address

I *authorize* any physician, medical practitioner, hospital, clinic, any other medically-related facility, insurance or reinsuring company, consumer reporting agency, employer, or other entity having information as to the diagnosis, or treatment of any physical or medical condition or treatment or having any nonmedical information pertaining to _____, deceased, to give ACE American Insurance Company or its legal representative any and all such information for the purpose of evaluating a claim for benefits.

I *understand* the information obtained by use of this authorization will be used by ACE American Insurance Company to determine eligibility for benefits under the policy insuring said deceased. Any information obtained will not be released by ACE American Insurance Company to any person or organization except to reinsuring companies, policyholders or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required, permitted or as I may further authorize.

I *agree* that a photographic copy of this Authorization shall be a valid as the original.
I *agree* this Authorization shall be valid for two years from the date shown below.
I understand that I or my authorized representative may request a copy of this authorization.
I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

| Signature of Insured, Authorized Representative, Beneficiary or Next of Kin: | Dated |
|---|---|

Address:

**Fraud Warnings:** Certain states require specific state mandated fraud language to be included on all claims forms while other states use a generalized fraud stated. ACE USA Accident &Health has adopted the fraud warning language prescribed by the District of Columbia as its standard fraud statement. Unless otherwise noted below this statement shall be included on all claims forms, applications and enrollment forms.

**District of Columbia Generic 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.

**The following states have required us to use state specific language as follows:**

**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."

**Florida**

Any person who knowingly and with intent in 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.

**New York**

Any person who knowingly and with 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 thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

**Oklahoma**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes ant claim for the process 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 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/Oregon**

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 may be guilty of insurance fraud.

Virginia

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 may have violated state law.