CREDIT LIFE INSURANCE CLAIM FOR FINANCE PLEASE READ CAREFULLY BEFORE COMPLETING CLAIM FORM

CREDIT INSURANCE COMPANY Claims Service Center ☐ Life of the South Insurance Company P.O. Box 45153 Protective Life Insurance Company Jacksonville, FL 32232-5153 Bankers Life of Louisiana П 1-800-888-2738, Ext. 8390 Triangle Life Insurance Company American Republic Insurance Company This form must be completed in full and FAXED to (904) 355-5878 with the following: A certified copy of the death certificate (front and back, if applicable) - If unable to obtain a copy of the death certificate, the Attending Physician's Statement on the reverse side of this form must be completed. A copy of the disclosure statement on the loan. A copy of the insurance certificate, as well as the health statement, if separate. THIS CLAIM CANNOT BE EVALUATED WITHOUT ALL THE REQUIRED MEDICAL INFORMATION AND DOCUMENTS **CREDITOR'S STATEMENT CLAIMANT'S INFORMATION:** Full Name of Claimant: Social Security Number Date of Death Cause of Death **COVERAGE INFORMATION:** II. Insurance Certificate Number Effective Date Term Premium Plan Type ☐ Level Number of Lives Insured If Joint, name of Joint Insured ☐ Single Premium □ Decreasing ☐ Single ☐ Joint Name of Second Beneficiary, if any Street Address City State Zip **LOAN INFORMATION:** NOTE: If renewal, copies of the original notes MUST accompany this claim form. Loan Number Original Amount of Insurance Amount Paid on Account \$ Gross Balance on Date of Death Net Payoff on Date of Death (Int. per day: _ %)\$ Was this loan a renewal If yes, give original loan date If renewal, has coverage been continous with our company? ☐ Yes ☐ No ☐ Yes ☐ No CREDITOR/MASTER POLICYHOLDER INFORMATION: Name of Creditor Email Address Street Address City State Zip Signature of Creditor Representative Date Telephone Name of Master Policyholder (if different from Creditor) Master Policy Account Number Print Name of Legal Next of Kin or Estate Representative Signature of Legal Next of Kin or Estate Representative Address Date Signed 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. See attached for State Specific Fraud Warnings. I hereby certify that the answers given above are true and correct, and I assume full responsibility for statements given. I also certify that I have read and understand the attached Fraud Warning Statement. Signed by _ Title _ Date_

11-022521-02 X01642

ATTENDING PHYSICIAN'S STATEMENT

Complete only if unable to obtain a copy of the death certificate.)			
Deceased's Full Name			Date of Birth:
Cause of Death			Date of Death:
Was death due to:			
☐ Suicide ☐ Homicide ☐ A	accident 🗆 🗆		Natural Cause
When were you first consulted for this condition?		How long had the deceased had	this condition?
What other conditions contributed to death? Was		Was an autopsy done or other off	icial inquiry made?
		□ Yes	□ No
Signature of Attending Physician		Date	Telephone
Street Address	City		State Zip
F REDUCING TERM LIFE, show original amount of Insurance		\$	
Amount necessary to discharge indebtedness after crediting applicable refunds figured as of date of death		\$	
Amount due Second Beneficiary		\$	
Name and address of Second Beneficiary			
Name:			
Address			
City / State			
Phone Number ()			
IF LEVEL LIFE, show original amount of Insurance		\$	
Amount necessary to discharge indebtedness after crediting applicable refunds figured as of date of death		\$	
Amount due Second Beneficiary		\$	
Name and address of Second Beneficiary			
Name:			
Address			
City / State			
Phone Number ()			

STATE SPECIFIC FRAUD WARNINGS

Alaska Residents: 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 Residents: 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 New Mexico Residents: 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.

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

District of Columbia Residents: 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 Residents: 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 of the third degree.

Hawaii Residents: 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.

Indiana Residents: 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 Residents: 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.

Louisiana Residents: 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.

Tennessee and Virginia Residents: 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 or a denial of insurance benefits.

Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota Residents: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Residents: 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 R.S.A. §638:20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: 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 violation. **Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits

Ohio Residents: 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 Residents: 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.

Oregon Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact may be guilty of an insurance fraud, which is a crime, and may be subject to prosecution.

Pennsylvania Residents: 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.

Texas and West Virginia Residents: Any person who knowingly presents a 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.