

Affidavit of Survivorship

The Union Labor Life
Insurance Company

PLEASE PRINT.

To be completed when there is no beneficiary designated or surviving upon the death of the insured.

State of: _____

County of: _____

Full Name

_____, being duly sworn states:
Social Security No. _____

Full Name

_____, being duly sworn states:
Social Security No. _____

- Check One: I am the nearest sole surviving relative of the deceased listed below
 We are the nearest surviving relatives of the deceased listed below

_____, who was insured by Certificate No. _____
Name of Decedent

issued under Group Policy No. _____, by The Union Labor Life Insurance Company.

At the time of death the decedent, _____, was survived by no spouse, no child or children,
no parent or parents, and no brothers or sisters other than the person(s) named in this affidavit.

Signature _____ Relationship _____ Date of Birth _____

Signature _____ Relationship _____ Date of Birth _____

Sworn to me on this _____ day of _____, 20____.

Signature of Notary Public _____

Instructions on reverse side

**Please submit this form with the
Proof of Death form (ULL-LifePD-3/02) to:**
GROUP LIFE CLAIMS DEPARTMENT
The Union Labor Life Insurance Company
111 Massachusetts Avenue, NW
Mail Stop #709
Washington, DC 20001
Phone: 202.682.6768 • Fax: 202.962.2939



Instructions for Completing Affidavit of Survivorship

This affidavit is to be completed when there is no beneficiary designated by the insured or surviving at the death of the insured. It is to be completed by all of the members of the first class, in descending order, in which there is at least one surviving member.

Classes of Successive Preference Beneficiaries

1. Surviving Spouse
2. Surviving Children
3. Surviving Parents
4. Surviving Brothers and Sisters
5. Executors or Administrators

Any class other than that whose members are completing the Affidavit, in which there are surviving members, should be stricken from the final paragraph of the Affidavit.