

Notification of the Death of an Insured

The Union Labor Life
Insurance Company

PLEASE PRINT.

Name of Group Policyholder

G- _____
Group Life Policy Number

C- _____
Group AD&D Number

Local/Bill ID Number

This is to notify you that _____
Name of Insured

Social Security Number

Date of Birth Mo/Day/Yr

deceased on _____

Mo/Day/Yr

Indicate the amount of insurance:

Group Life Insurance

Group AD&D Insurance

If AD&D _____

Date of Accident Mo/Day/Yr

Insured's State of Residence _____

Effective Date of Insurance _____

Mo/Day/Yr

Reported By _____

Signature and Title

Date _____

Forward this form immediately upon death notification to:

The Union Labor Life Insurance Company
8403 Colesville Road
Silver Spring, MD 20910
Attn: Group Life Claims Department
Mail Stop #709
Phone: 202.682.6768
Toll Free: 866.795.0680
Fax: 202.962.2939

For your protection, the following states require these fraud warnings to appear on this form:

Arizona: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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

New York: 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 such violation.

Pennsylvania: 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.

For all other states: **WARNING:** Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.

I attest that I have reviewed, understand and acknowledge the fraud warning(s).

Member or Claimant's Signature

Date