

Proof of Death

PLEASE PRINT.

Claim is hereby filed for the following benefits and amounts:

Name _____

Death Claim Amount \$ _____

Policy No. G- _____

Accidental Death Amount \$ _____

Policy No. C- _____

The Union Labor Life Insurance Company

Policyholder's Certification

We certify that the decedent was eligible at the time of death.

Policyholder _____

Name of Union, Fund, or Employer

By _____

Signature and Title

Beneficiary's Statement

Regarding the Insured (Deceased)

1. Social Security Number _____

a. Date of Birth _____

Month/Day/Year

b. Place of Birth _____

City/State

2 a. Date of Death _____

Month/Day/Year

b. Place of Death _____

City/State

Date _____

Cause of Death (In Detail)

c. _____

3. a. Date Last Worked _____

b. Last Occupation _____

Questions No. 5 and 6 should only be answered if Accidental Death Claim is filed.

5.a. Date of accident _____

Month/Day/Year

b. Place of accident _____

6. a. Describe fully how the accident occurred and the nature of injuries received: _____

Regarding Beneficiary: * Beneficiary Social Security Number** must be provided for interest payment

7. a. Name _____

Please Print

Date of Birth _____

Month/Day/Year

b. Full Mailing Address

Street Address/P.O. Box Number

City

State

Zip

Dated at _____ on _____

NOTE: SEE INSTRUCTIONS SHEET

Please submit this form to:

GROUP LIFE CLAIM DEPARTMENT

The Union Labor Life Insurance Company

8403 Colesville Road

Silver Spring, MD 20910

Phone: 202.682.6768 • Fax 202.962.2939

Toll-free 866.795.0680

ULL-POD (03/05)

BENEFICIARY _____

Signature — Full Given Name

**Beneficiary's Social Security Number _____



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