



Surviving Family Claim Statement

ASSURANT

Employee
Benefits

- ☞ If you live in the state of Arizona, the following statement applies to you:**
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.
- ☞ If you live in the states of Arkansas, Louisiana or Texas, the following statement applies to you:**
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.
- ☞ If you live in the state of California, the following statement applies to you:**
For your protection California law requires the following to appear on this form: 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.
- ☞ If you live in the state of Colorado, the following statement applies to you:**
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.
- ☞ If you live in the District of Columbia, the following statement applies to you:**
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.
- ☞ If you live in the state of Florida, the following statement applies to you:**
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ☞ If you live in the state of New Jersey, the following statement applies to you:**
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- ☞ If you live in the state of Oregon, the following statement applies to you:**
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.
- ☞ If you live in a state other than mentioned above, the following statement applies to you:**
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.

To avoid unnecessary delays, be sure all parts of the Claim Statement are completed according to the instructions, and DO NOT SEPARATE the pages.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

Please return this form to:

Assurant Employee Benefits PO Box 419876 Kansas City Missouri 64141-6876
T 800.451.4531 F 816.881.8967

Instructions

- If the insured did not name a beneficiary or if a named beneficiary has predeceased the insured, please
 - A. Forward a certified copy of the death certificate for any named beneficiary who predeceased the insured.
 - B. Have this form completed by the first of the following surviving family members: 1) spouse; 2) son or daughter; 3) father or mother. If there are no surviving family members, the statement must then be completed by the executor or administrator of the estate of the insured.*
- If a Survivor Income Benefit is being claimed, please
 - A. Have all questions, except number 8, completed in full.
 - B. Furnish proof of age (*birth certificate, if available*) of spouse and all children for whom benefits are being claimed.

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| 1. Full name of insured | 2. Social Security no. | 3. Date of death |
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| 4. Name of policyholder | 5. Policy no. |
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6. Did the insured leave a spouse living at the time of death? Yes No
Full name of spouse (*if living*) Social Security no. Full address Date of birth

Has the spouse remarried since the insured's death? Yes No If "Yes," provide the date of marriage

7. Were any children of the insured (*including those by any marriage or legal adoption*) living at the time of death?
 Yes No
Full name of sons and daughters (*if living*) Social Security no. Full address Date of birth Marital status

8. Were the parents of the insured living at the time of death? Mother: Yes No
Father: Yes No
Full names of mother and father (*if living*) Social Security no. Full address Date of birth

9. Signature _____ Date _____
Witness _____

*Executors or administrators completing this form should attach a certified copy of the court order evidencing their appointment.