

HOW TO FILE YOUR CLAIM:

1. **Complete:** the Beneficiary/Claimant Section of this form.
2. **Read and sign:** the Authorization & Legal notice section on the back of this form
3. **Attach:** a certified copy of the deceased's death certificate
4. **Attach:** the original Insurance certificate.
5. **For Accidental Death Claims:** attach the police report, ambulance report, and newspaper clippings.
6. **For Dependent Child claim:** for a child who was attending college, provide proof of enrollment from the school.
7. **Forward:** this information to the Administrator where your premiums are paid to have the bottom of page 2 completed.
8. **Questions? Call:**
1-800-359-7475

Form: holifesbbpg.doc

Claim Department
505 S. Lenola Road, Suite 231, Moorestown, NJ 08057
Beneficiary/Claimant Section:
About the deceased:

Name of deceased: _____

Please list all other names by which the deceased is known:

1. _____

2. _____

Social Security #: _____

Policy #: _____

Certificate #: _____

Date of birth: _____ Date of death: _____

Cause of death: _____

If accidental, advise date of accident: _____

Describe what happened: _____

List all medical treatment in the past 5 years:

Physician's name and address:

1. _____

2. _____

3. _____

For Educational Benefit Rider Only. If dependent child(ren) is attending college as a full-time student, please provide proof of enrollment from the school. Indicate names of child(ren) and age:

Does deceased have other insurance? If so, please list:

Insurance Company	Amount	Policy #
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Insurance Company	Amount	Policy #
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Has an estate been set up? _____

If so, name and address of estate representative (attach estate papers if applicable): _____

(Over, please complete the back of this form)
Beneficiary/Claimant Section:

Your name: _____ Your social security #: _____

 Your address: _____
 Number/Street City State Zipcode

Your Citizenship: () U.S. () Other (Please indicate) _____

Your phone #: _____ Your relationship to the deceased: _____ Your date of birth: _____

Fraud Warning Notices

Alaska, Minnesota, New Hampshire: 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.

Arkansas, Louisiana, New Mexico, Texas, West Virginia: 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.

Arizona: 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. [This Notice must be in 12-point type]

California: For your protection California law requires the following to appear on this form: 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 any 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.

District of Columbia, Maine, Virginia, Tennessee: WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company 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.

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

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self insured program files a statement of claim or an application containing any false or misleading information commits insurance fraud, punishable as provided in s 817.234.

Hawaii: 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.

Oklahoma: 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.

Kentucky, 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy 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 violation.

Ohio: 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.

Authorization: I authorize any doctor, hospital, or other medical or medically related facility, treatment center, recovery center, insurance company, consumer reporting agency, employer, Social Security Administration or any other organization or person having any knowledge of the deceased named below, including financial institutions, to give Stonebridge Life Insurance Company or its authorized representative any information needed to determine policy claim benefits. This may include (but is not limited to) information regarding HIV antibody testing, Acquired Immune Deficiency Syndrome or related complexes, driving records, financial records, police or accident reports, mental illness and use of alcohol or drugs. A photocopy of this form is as valid as the original. This form will be in force for one year from the date shown below. I may revoke it at any time for information not then obtained by writing to Stonebridge Life Insurance Company. I certify that the foregoing statements and answers on this form are complete and true to the best of my knowledge.

Name of deceased: _____ Deceased's date of birth: _____

Beneficiary's name: _____ Relationship to deceased: _____

Signature of beneficiary/next of kin: _____ Date: _____