



United Home Life Insurance/United Farm Family Life Insurance  
 P.O. Box 7192, Indianapolis, IN 46207-7192

**DEATH CLAIMANT'S STATEMENT  
 To be completed by each Beneficiary**

The Company does not waive any right nor admit any claim by furnishing this blank form.

1. Insured's Date of Birth \_\_\_\_\_ Insured's Date of Death \_\_\_\_\_
2. I, the claimant, hereby request settlement of Policy # \_\_\_\_\_ on the life of \_\_\_\_\_ as follows:
  - Lump Sum (Check)
  - Direct Deposit (**Attach a voided check or an electronic deposit letter from your financial institution.**)
    - Checking
    - Savings
    - Routing No. \_\_\_\_\_
    - Account No. \_\_\_\_\_
  - Transfer to new policy (application attached)
  - Transfer to existing policy # \_\_\_\_\_
  - Other, please explain \_\_\_\_\_
  - Pay funeral home \$ \_\_\_\_\_ Payee Name \_\_\_\_\_  
**(Attach a copy of the assignment and itemized bill for payment.)**

3.  Yes  No Are any bankruptcy proceedings pending against the deceased or you as the beneficiary?  
 If yes, provide: Trustee Name, Address, Phone Number, and Case ID Number \_\_\_\_\_

4.  Yes  No Are you a U.S. Citizen or U.S. Permanent Resident (i.e. Green Card holder)?  
 If No: 1. Give immigration status/type of visa: \_\_\_\_\_  
 2. Submit IRS Form W-8 Ben \_\_\_\_\_

5. In accordance with the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982:
  - I DO NOT** want Federal Income Tax withheld from my distribution.  
 If you elect not to have Federal Income Tax withheld, you are responsible for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Such distribution is taxable in the year payment is made.
  - I elect to have Federal Income Tax withheld according to the applicable withholding provisions of the Tax Equity and Fiscal Responsibility Act of 1982. We will withhold 10% of the taxable distribution. If you wish a higher percentage, then indicate the amount to withhold here \_\_\_\_\_. If the distribution is not taxable, then no Federal Income Tax will be withheld.  
**If no election is made and if there is a taxable distribution, the default will be to withhold Federal Income Tax.**

6. **Contestable Claim Information**  
 To be completed if death occurred within the first two years of policy issue date or reinstatement date. **Otherwise, leave this section blank.**  
 To the best of your knowledge and belief, did the Insured:
  - a. use nicotine in any form in the past?  Yes  No  
 If yes, indicate type:  cigarettes  cigars  pipe  chewing  snuff  
 other (nicotine replacement product) \_\_\_\_\_
  - b. used nicotine in any form in the past and quit?  Yes  No  
 If yes, date last used? \_\_\_\_\_

List the name and address of the deceased's primary care physician (family doctor). Also list any other physicians, hospitals, or medical centers that treated the deceased in the past 10 years:

Physician	Address	City, State	Zip Code	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. I, the claimant, hereby certify under penalties of perjury, that the Social Security Number provided is true, correct, and complete.

Print name/address of Claimant.

Name	_____	_____	Signature of Claimant
Address	_____	_____	Claimant's Social Security Number/Tax ID Number
Email	_____	_____	Claimant's Date of Birth
Phone	_____	Relationship	_____

**DO NOT SIGN A BLANK FORM**

**Signature must be notarized below**

8. State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me  
Month Year

the above named claimant, of full legal age, who subscribed the foregoing statement before me and made oath that the answers are each and all complete and true.

(SEAL) My county of residence is \_\_\_\_\_  
**My commission expires** \_\_\_\_\_  
Notary Public

**9. ANY COSTS FOR DOCUMENTS/REPORTS SHALL BE AT THE BENEFICIARY'S EXPENSE.**

**1. This statement must be accompanied by an original certified death certificate, for the Insured along with death certificate for any deceased beneficiaries.**

**2. Other information that may be required by home office.**

In addition to this form some claims can require other reports/items. Most often, it will be something asked for by the Home Office after this claim form has been received. Although the following is not all inclusive, it provides some information as to what could be requested:

- a. If death is other than natural, we will require a police/accident report, autopsy and toxicology report.
- b. If the beneficiary is under age 18 or declared incompetent, a copy of court approved guardianship papers in which case the guardian would sign the claimant statement(s) on behalf of the beneficiary.
- c. If someone has been appointed by the court to handle the affairs of the decedent, a copy of "letter of administration" or "order appointing personal representative" in which case the claimant statement(s) is signed by the appropriately named individual.
- d. Hospital, doctor and/or coroner reports. These reports are required when a claim is filed in the policy's contestable period (two years following issue date or reinstatement date).

**FRAUD WARNING NOTICES – PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE**

**Alabama** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ALASKA:** 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.

**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.

**ARKANSAS:** 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.

**CALIFORNIA:** 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.

**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.

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

**DISTRICT OF COLUMBIA:** 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.

**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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638: 20.

**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 MEXICO:** 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.

**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.

**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.

**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.

**OREGON:** 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 or deceptive information concerning any fact material thereto may commit a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**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.

**RHODE ISLAND:** 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.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**TEXAS:** Any person who knowingly present 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.

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**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**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 fines and confinement in prison.

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**ALL OTHER STATES:** 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.