

BANKERS CONSECO LIFE INSURANCE COMPANY

Administrative Office: 399 Market Street - Philadelphia, PA 19106

TOLL-FREE PHONE: 1-800-851-2618

CLAIMANT'S STATEMENT FOR LIFE INSURANCE DEATH BENEFITS

INFORMATION ABOUT DECEASED

Name of Deceased:	Date of Birth:	Source of Information for Date of Birth:
Policy or Certificate #(s):	Amount of Insurance:	Social Security #:
Cause of Death:	Date of Death:	Place of Death:
Other Names used by deceased:		

Mailing Address:

Street	Apt.	
City	State	Zip Code

INFORMATION ABOUT BENEFICIARY

Name of Beneficiary:	Age:	Telephone #:
Social Security #:	Relationship to Deceased:	

Mailing Address:

Street	Apt.	
City	State	Zip Code

AUTHORIZATION

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I permit (while this claim is pending) the release of any medical information about the deceased to Bankers Conseco Life Insurance Company and its representatives. Bankers Conseco Life Insurance Company's representatives include reinsuring companies and other persons or groups performing business or legal services relating to this claim. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury the deceased had prior to or at the time of death. Bankers Conseco Life Insurance Company will use this information to find out if this claim is eligible. A copy of this authorization (one of which will be given to me by Bankers Conseco Life Insurance Company upon my request) will be as valid as this one. This authorization will be valid for a period of 24 months from the date signed.

Deceased's Name: _____

Beneficiary's Signature: _____ Date: _____

Notice: 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. See the back of this form for important information regarding fraud that may apply in your state.

To file a claim for death benefits, please mail this completed form with a certified copy of the death certificate and the original policy or certificate to:

Bankers Conseco Life Insurance Company
Life Claims Depart.
PO Box 1918
Carmel, IN 46082

If you have any questions regarding this determination, or if you would like to appeal this determination, please contact our (Bankers Conseco Life Insurance Company) Customer Service Department at 1-800-851-2618.

SPECIAL STATE CLAIM FRAUD WARNINGS

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, NEW MEXICO & 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.

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 a 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 company proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

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, MAINE, TENNESSEE & VIRGINIA & 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 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, OHIO & OKLAHOMA

Warning: 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.

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.