

# How to submit a life insurance claim

No one is ever prepared for the loss of a loved one. We realize this is a stressful time for you and your family. We're here to help walk you through the claim process, and answer any questions you may have along the way.

## STEP 1: COMPLETE AND SUBMIT CLAIM FORM

Complete a claim form. Forms can be accessed via the websites listed to the right. Sign, date and select a payment option. **Upload, fax or mail in your completed claim form along with the deceased insured's death certificate and any other claim documents you may have.**

## STEP 2: CLAIM ASSIGNED

*Within 1–2 weeks\**

Your claim will then be assigned to a claims associate who will begin the review process. They may send an acknowledgment letter or request additional information for review.

## STEP 3: ADDITIONAL INFORMATION

We will continue to reach out to you as the claimant, and/or contact a named funeral home, or a beneficiary.

*Requested document examples: divorce decree with property settlement agreement, estate paperwork, trust paperwork*

## STEP 4: CLAIM DETERMINATION

*Within 1–2 weeks\**

Once all requested information is received, your claims associate will review the documents and make a decision on your claim. If you're eligible for benefits, any proceeds due will be sent via payment in the mail for Washington National or Colonial Penn customers. If the policy is with Bankers Life, you may be contacted by a Bankers Life agent for delivery of your payment.

\*Time frames provided are estimates only, are dependent upon obtaining necessary claim documentation in a timely manner, and may vary based on State regulations.



### Contact information



**BANKERSLIFE®**

**Bankers Life and Casualty Company  
Life Claims Department**

P.O. Box 1937  
Carmel, IN 46082-1937  
Phone: (800) 621-3724  
Fax: (312) 396-6629  
My.BankersLife.com



**Washington National Insurance Company  
Life Claims Department**

P.O. Box 1917  
Carmel, IN 46082-1917  
Phone: (800) 525-7662  
Fax: (317) 817-4431  
My.WashingtonNational.com



**Colonial Penn Life Insurance Company  
Life Claims Department**

P.O. Box 1918  
Carmel, IN 46082-1918  
Phone: (800) 523-9100  
Fax: (215) 928-6052  
www.MyColonialPenn.com

Insurance and annuities are issued by Bankers Life and Casualty Company, Washington National Insurance Company and Colonial Penn Life Insurance Company, each in all states except NY, and Bankers Conseco Life Insurance Company, in NY only. Each is solely responsible for its own financial condition and contractual obligations, including but not limited to, any obligations under any contract of insurance or annuity.

Bankers Life is the marketing brand of Bankers Life and Casualty Company, Medicare Supplement insurance policies sold by Colonial Penn Life Insurance Company and select policies sold in New York by Bankers Conseco Life Insurance Company (BCLIC). BCLIC is authorized to sell insurance in New York.



Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

TOLL-FREE PHONE: 1-800-523-9100

## 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 Colonial Penn Life Insurance Company and its representatives. Colonial Penn 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. Colonial Penn 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 Colonial Penn 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:** Anyone who knowingly misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine or imprisonment. 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:**

Colonial Penn Life Insurance Company  
Life Claims Department  
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 (Colonial Penn Life Insurance Company) Customer Service Department at 1-800-523-9100.

## **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.

# Deceased beneficiary scenarios

No one is ever prepared for the loss of a loved one. We realize this can be a stressful time for you and your family. When the time comes to involve a beneficiary - the person named to receive the proceeds or benefits in the event of the death of the insured - we're here to help answer any questions you may have.

Below are four general scenarios that may come into play if the named beneficiary has passed away. Let's meet two insureds and examine how the proceeds from their policies would be paid differently depending on the date of the beneficiary's passing.

## Mary Poe: Two primary beneficiaries



**MARY POE**

Mary is the insured on a \$10,000 life policy.



**JOE SMITH**

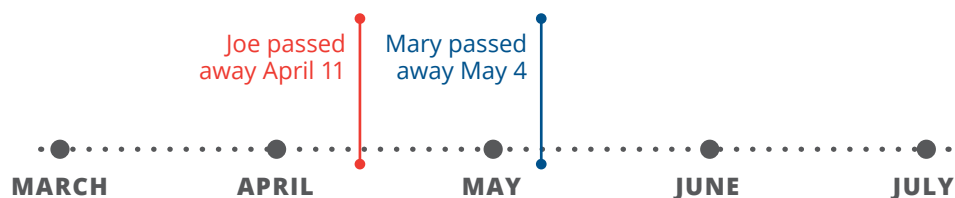
Joe is Mary's partner and a primary beneficiary on 50% of Mary's policy.



**JESSIE POE**

Jessie is Mary's daughter and a primary beneficiary on 50% of Mary's policy.

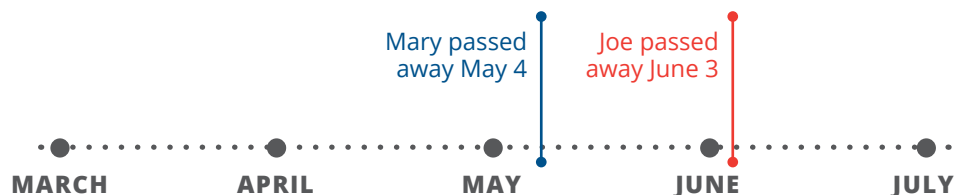
### Scenario 1



#### Who is the true beneficiary?

In this instance, since Joe passed away *before* Mary, **Jessie would be the beneficiary for 100% of the proceeds on Mary's life insurance policy.**

### Scenario 2



#### Who is the true beneficiary?

In this instance, since Joe passed away *after* Mary, the proceeds on Mary's life insurance policy would be split. **50% would go to Jessie and 50% would go to the Estate of Joe Smith.**

# Ned Tom: One primary beneficiary and one contingent beneficiary



## NED TOM

Ned is the insured on a \$10,000 life policy.



## SAM CREW

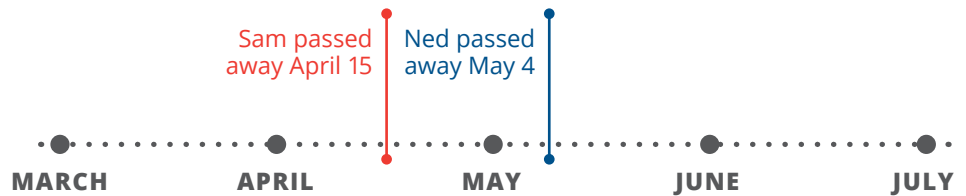
Sam is Ned's best friend and is the primary beneficiary on 100% of Ned's policy.



## PAUL JONES

Paul is Ned's nephew and a contingent beneficiary on 100% of Ned's policy.

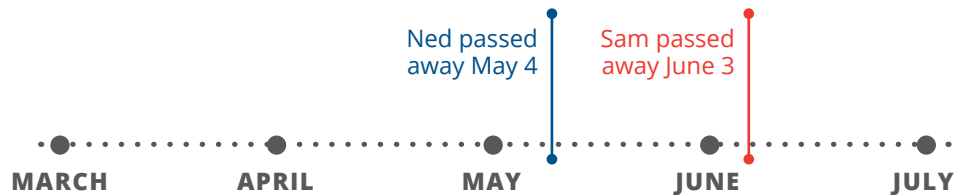
### Scenario 1



### Who is the true beneficiary?

In this instance, since Sam passed away **before** Ned, **100% of the proceeds on Ned's life insurance policy would go to Paul, the contingent beneficiary on the policy.**

### Scenario 2



### Who is the true beneficiary?

In this instance, since Sam passed away **after** Ned, **100% of the proceeds on Ned's life insurance policy would go to the Estate of Sam Crew.** Paul would not receive any proceeds from his uncle's life insurance policy.