

Proof of Claim- Accidental Death Statement of Beneficiary



| |
|---------------|
| Group Name |
| Policy Number |

| | |
|---------|-----------------------|
| Insured | Certificate number(s) |
|---------|-----------------------|

Facts concerning deceased

| | | |
|-----------|--|------------------------|
| Full name | | Social security number |
|-----------|--|------------------------|

| |
|---------|
| Address |
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| | | |
|---------------|----------------|---------------|
| Date of birth | Place of Birth | Date of death |
|---------------|----------------|---------------|

| | |
|------------|------------------|
| Occupation | Name of employer |
|------------|------------------|

| |
|--------------------|
| Employer's address |
|--------------------|

Beneficiary

| | | | |
|------|--------------------------|---------------|------------------------|
| Name | Relationship to deceased | Date of birth | Social security number |
|------|--------------------------|---------------|------------------------|

| | |
|---------|-----------|
| Address | Telephone |
|---------|-----------|

Statements regarding the accident

| | |
|------------------|-------|
| Date of accident | Place |
|------------------|-------|

State specifically how accident happened

Did the accident occur in the course or during deceased's employment?
Yes No If "yes", has there been, or will there be, a claim filed for Worker's Compensation? Yes No

| |
|---------------------------------------|
| Name of worker's compensation carrier |
|---------------------------------------|

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|---------|
| Address |
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To be completed if death resulted from motor vehicle accident

| | | |
|-----------------|------------------|------------------------------------|
| Type of Vehicle | Registered owner | Was deceased the driver? Yes No |
|-----------------|------------------|------------------------------------|

Use of vehicle: Business Pleasure Business and Pleasure

| |
|---|
| Name of law enforcement agency investigating accident |
|---|

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| Address |
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To be completed on all claims

Was an inquest held? Yes No If "yes", complete the following and attach a copy of proceedings and verdict.

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|-------------------------------|
| Name of court holding hearing |
|-------------------------------|

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| Address |
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Was an autopsy conducted? Yes No If "yes", complete the following and attach certified copy of report.

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|-----------------------------------|-------|
| Name of person conducting autopsy | Title |
|-----------------------------------|-------|

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| Address |
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First physician attending deceased after injury

| | |
|------|---------|
| Name | Address |
|------|---------|

Other physicians attending deceased after injury

| | |
|------|---------|
| Name | Address |
|------|---------|

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Previous medical history

Was deceased treated for any medical conditions within five years prior to the accident?

Yes No If "yes", list physician(s) in attendance below

| | |
|--------|---------|
| 1 Name | Address |
|--------|---------|

| | |
|-------------------|--------------------|
| Medical condition | Dates of treatment |
|-------------------|--------------------|

| | |
|--------|---------|
| 2 Name | Address |
|--------|---------|

| | |
|-------------------|--------------------|
| Medical condition | Dates of treatment |
|-------------------|--------------------|

| | |
|--------|---------|
| 3 Name | Address |
|--------|---------|

| | |
|-------------------|--------------------|
| Medical condition | Dates of treatment |
|-------------------|--------------------|

Other insurance on life of deceased

| | | |
|--------------|---------|--------|
| Company name | Address | Amount |
|--------------|---------|--------|

| | | |
|--------------|---------|--------|
| Company name | Address | Amount |
|--------------|---------|--------|

| | | |
|--------------|---------|--------|
| Company name | Address | Amount |
|--------------|---------|--------|

| | | |
|--------------|---------|--------|
| Company name | Address | Amount |
|--------------|---------|--------|

I hereby certify that these statements and answers are true and correct to the best of my knowledge and belief.

| | |
|-----------------------------------|-------|
| Signature of beneficiary/claimant | Dated |
|-----------------------------------|-------|

| |
|---------|
| Address |
|---------|

I authorize any physician, medical practitioner, hospital, clinic, any other medically-related facility, insurance or reinsuring company, consumer reporting agency, employer, or other entity having information as to the diagnosis, or treatment of any physical or medical condition or treatment or having any nonmedical information pertaining to _____, deceased, to give Starr Indemnity & Liability Company or its legal representative any and all such information for the purpose of evaluating a claim for benefits.

I understand the information obtained by use of this authorization will be used by Starr Indemnity & Liability Company to determine eligibility for benefits under certificate number insuring said deceased. Any information obtained will not be released by Starr Indemnity & Liability Company to any person or organization except to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I may further authorize.

I know that I may request to receive a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I agree this Authorization shall be valid for two years from the date shown below.

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. For residents of the following states: *California, Colorado, District of Columbia, Florida, Maine, Maryland, Nevada, New Hampshire, New York, Oregon, Pennsylvania, Tennessee, Texas or Virginia.*

PLEASE SEE ATTACHED PAGE.

| | |
|--------------------------|-------|
| Signature of next of kin | Dated |
|--------------------------|-------|

| |
|---------|
| Address |
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By furnishing forms and investigating the claim, Starr Indemnity & Liability Company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

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: 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, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or **specific to AR and RI:** 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 false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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: 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.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, **specific to PA:** subjects such person to criminal and civil penalties and **specific to NY:** 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.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or **specific to LA, TX and W VA:** who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or **specific to NM:** to civil fines and criminal penalties.)

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

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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: 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: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/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.

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

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