

*Policy administration services provided by American Amicable Life Insurance Company of Texas.*

**CLAIMANT'S STATEMENT**

**Instructions for Completing this Form**

**1. Claimant's Information**

- a. This form should be completed in full detail by the named beneficiary before a witness who should sign the form. If there is more than one beneficiary, each one should complete a separate form.
- b. If the beneficiary is an Estate, the form should be completed by the Executor or Administrator of the Estate and should be forwarded to the Company accompanied by the properly certified letters of administration. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Executor or Administrator of the Estate.
- c. If the beneficiary is a Trust, the form should be completed by the Trustee of the Trust. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Trustee of the Trust.
- d. If the beneficiary is a minor, claim for the benefit should be made by his or her legal appointed guardian and certified letters of guardianship should be furnished. Where a beneficiary signature is required, it shall be understood that the individual signing is signing in his or her capacity as the Guardian of the minor beneficiary. In the event no guardian is to be appointed, contact S.USA Life for further instructions.

**2. Certified Death Certificate** – A certified death certificate with cause of death for the insured should be provided.

**3. Policy** – The insurance policy or policies should be forwarded with the claim papers.

<p>1. (a) NAME OF DECEASED IN FULL:</p> <p>(b) Indicate other names by which the insured may have been known, such as maiden name, hyphenated name, nickname, derivative form and/or middle name or an alias</p>				
<p>2. Policy(s) or Certificate(s) of S.USA Life Insurance Company, Inc., under which claim is made:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Policy or Certificate No.</u></td> <td style="border: none; text-align: right;"><u>Amount</u></td> </tr> </table>	<u>Policy or Certificate No.</u>	<u>Amount</u>		
<u>Policy or Certificate No.</u>	<u>Amount</u>			
<p>3. Is the Accidental Death Benefit rider a part of this policy or certificate? Yes _____ No _____</p> <p>If "Yes," is ADB being claimed? Yes _____ No _____ If "Yes," please describe accident:</p>				
<p>4. (a) Date of Death:</p> <p>(b) Place of death (address, or if hospital, its name and address.):</p>				
<p>5. Cause of death (if due to suicide, so state):</p> <p>Please give particulars.</p>				
<p>6. Last residence of deceased:</p>				
<p>7. (a) Date of deceased's birth:</p> <p>(b) Place of birth:</p>				
<p>8. When did deceased first complain of, or give other indication of, last illness?</p>				
<p>9. Give name and address of every hospital, physician or other practitioner who attended deceased during five years prior to death:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Name</td> <td style="border: none;">Address</td> <td style="border: none;">Date</td> <td style="border: none;">Disease or condition</td> </tr> </table>	Name	Address	Date	Disease or condition
Name	Address	Date	Disease or condition	



## STATE FRAUD WARNINGS NOTICES

For your protection, the laws of several states (including those listed below) require that we provide you with the following statements.

**General Fraud Warning:** 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 may be guilty of a criminal offense and subject to penalties under state law.

### **Alabama Fraud Warning:**

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 Fraud Warning:**

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 Fraud Warning:**

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, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia Fraud Warning:**

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 Fraud Warning:**

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

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado Fraud Warning:**

**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 and Idaho Fraud Warning:**

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

### **Florida Fraud Warning:**

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 in the third degree.

### **Hawaii Fraud Warning:**

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.

### **Indiana Fraud Warning:**

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.

### **Kansas Fraud Warning:**

Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**Kentucky Fraud Warning:**

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.

**Maine, Tennessee, Virginia and Washington Fraud Warning:**

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 Fraud Warning:**

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 Fraud Warning:**

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 Fraud Warning:**

Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

**Ohio Fraud 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.

**Oklahoma Fraud 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 Fraud Warning:**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Pennsylvania Fraud Warning:**

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 containing any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico Fraud Warning:**

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Texas Fraud Warning:**

For your protection Texas 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.

**Vermont Fraud Warning:**

Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.