



Claims • PO Box 4763 • Syracuse, NY 13221 • PH 800.959.3894 • FAX 315.477.2144 • [www.usfli.com](http://www.usfli.com)

**BENEFICIARY'S STATEMENT**

- Please Attach:
1. Certified copy of the Death Certificate
  2. Policy (or complete Lost Policy Statement on reverse)

Please Print \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Policy Numbers (s)

1. Date of Death \_\_\_\_\_  
Month Day Year

2. Place of Death \_\_\_\_\_  
City State Zip

3. Cause of Death \_\_\_\_\_

4. Legal Residence of Deceased \_\_\_\_\_  
Address

\_\_\_\_\_ City State Zip

5. Date & Place of Birth of Deceased \_\_\_\_\_  
Month Day Year

\_\_\_\_\_ City State Zip

6. My Relationship to Deceased \_\_\_\_\_

7. If policy is lost, please check this statement:  
\_\_\_\_ I declare that the above policy has been lost or mislaid. I agree to return this policy if found.

State Fraud Warnings:

Alaska, Kentucky, Minnesota, Pennsylvania, New Jersey, New Mexico, Ohio:

"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."

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."

Delaware, Idaho, Indiana:

"For your protection state 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."

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."

District of Columbia, Maine, Oklahoma, Oregon:

"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."

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."

Puerto Rico:

"Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years."

Arkansas, Louisiana, Tennessee, Texas, 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 include imprisonment, fines and denial of insurance benefits."

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."

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 of the third degree."

New York 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 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."

NY STATE RESIDENTS READ AND SIGN ONLY: I have read and understood the New York State fraud warning.

Beneficiary's Signature \_\_\_\_\_  
Date \_\_\_\_\_

NY STATE RESIDENTS READ AND SIGN ONLY: I have read and understood the New York State fraud warning.

Beneficiary's Signature \_\_\_\_\_  
Date \_\_\_\_\_

NY STATE RESIDENTS READ AND SIGN ONLY: I have read and understood the New York State fraud warning.

Beneficiary's Signature \_\_\_\_\_  
Date \_\_\_\_\_

It is understood that the furnishing of this form and letter shall not constitute a waiver of any right by the company. Benefits payable will be paid in one lump sum.

**BENEFICIARY INFORMATION**

_____			_____
Name			Date of Birth
_____			_____
Address			Taxpayer ID (S.S.#) Required by Law
_____			_____
City	State	Zip	Phone Number
_____			
Signature			
_____			_____
Name			Date of Birth
_____			_____
Address			Taxpayer ID (S.S. #) Required by Law
_____			_____
City	State	Zip	Phone Number
_____			
Signature			
_____			_____
Name			Date of Birth
_____			_____
Address			Taxpayer ID (S.S. #) Required by Law
_____			_____
City	State	Zip	Phone Number
_____			
Signature			