



ASSURANT®

American Memorial Life Insurance Company
P.O. Box 2730
Rapid City, SD 57709-2730
Fax 605-719-0601

Funeral Home Claim Form

Insured Information	Please complete all fields in this section		
Name of Insured/Deceased			Social Security Number
Policy Number(s)			State of Last Residence
Date of Birth			Date of Death

Funeral Home	Certification of Death and Performance of Funeral, please complete all fields in this section		
	<i>I, the undersigned, hereby certify that the funeral home below performed the funeral services for the above named deceased.</i>		
Performing Funeral Home	Location Number	At-Need Contract Number	
Address	City	State	Zip
	Phone Number		
Tax ID Number	Fax Number		
Note: If above Tax ID Number is registered with the IRS under a Parent/Holding company, indicate name:			
Cause of Death (check one): <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide/Homicide			
Payment Instructions: (If assigned prior to death and no box is selected, full benefits paid to performing funeral home.)			
<input type="checkbox"/> Full benefits to be paid to the performing funeral home			
<input type="checkbox"/> Cost to funeral home, excess to beneficiary (complete At-Need Assignment of Benefits section below)			
<input type="checkbox"/> Pay full benefits to beneficiary (complete At-Need Assignment of Benefits section below and enclose a paid in full receipt)			
Funeral Directors License Number	Signature of Funeral Director		

Federal Tax Withholding	Annuity Products Only
Internal Revenue Service Regulations require us to withhold 10% from taxable withdrawals unless instructed otherwise. Please check if you DO NOT wish taxes withheld. If not marked , taxes will be withheld. <input type="checkbox"/> Do not withhold taxes	

At-Need Assignment of Benefits	Please complete this section for assignment of the policy proceeds to the funeral home after death, or if remaining funds are payable to the beneficiary		
I, _____ (printed name), do hereby assign payment in the amount of \$_____ to the funeral home providing the services as noted above. I hereby certify that the indicated funeral home has fully and completely delivered funeral services and/or merchandise in the amount specified. I agree that such payment shall discharge, in full, all liability of the company under the policy(ies).			
Check one:			
<input type="checkbox"/> I am the beneficiary named in the policy. If multiple beneficiaries are named, all signatures are required.			
If any of the beneficiaries are deceased, their death certificate is required. <i>(Attach an additional document if more than two signatures are required.)</i>			
If the beneficiary is the Estate of the Insured:			
<input type="checkbox"/> I am the Executor of the estate			
<input type="checkbox"/> I am the Personal Representative			
<input type="checkbox"/> There is no estate and I am the individual responsible for final arrangements for the above named insured			
Mailing Address	City	State	Zip
			Telephone Number
Signature	Tax ID Number (Beneficiary Estate)		Date

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 crime.

This form may be used for business underwritten or administered by American Memorial Life Insurance Company, Union Security Insurance Company, Liberty Life Insurance Company or IA American Life Insurance Company.

Alaska residents: 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 residents: 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, Louisiana & Rhode Island residents: 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 residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

Colorado residents: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of Regulatory Agencies.

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

District of Columbia residents: 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 residents: 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.

Indiana residents: 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.

Kentucky residents: 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.

Maryland residents: 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.

Maine, Tennessee & Virginia residents: 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 residents: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

New Mexico residents: 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 civil fines and criminal penalties.

Ohio residents: 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 residents: 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 residents: Any person who knowingly presents 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 insurance fraud.

Pennsylvania residents: 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.

Texas residents: 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.

Washington residents: 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.