

Group/Association - Proof of Loss Life Insurance Accidental Death Insurance

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INSTRUCTIONS FOR FILING A CLAIM

THIS FORM IS FOR LIFE INSURANCE OR ACCIDENTAL DEATH PROCEEDS ONLY. COMPLETE THE FORM ACCORDING TO THE INSTRUCTIONS. TO AVOID DELAY OR RETURN OF THE FORM, IN BOXES WHICH CONTAIN THE SYMBOL (1), ADDITIONAL INFORMATION IS PROVIDED WHEN HOVERING OVER THE FIELD TO BE COMPLETED. THIS FEATURE IS ONLY AVAILABLE ON THE FILLABLE VERSION OF THIS FORM.

To The Employer/Administrator: 1. If claiming employee death benefits, please complete Sections A and C. If claiming dependent spouse or child benefits, please complete Sections A, B, and C.
2. If claiming voluntary or employee-paid benefits, please provide all of the enrollment history for the employee and the dependent (if claiming dependent benefits).
3. Please have each beneficiary review pages 1 through 10 and complete the appropriate pages.
4. Submit completed form to your assigned Claim Office with a Death Certificate, Beneficiary Designation and Enrollment Information, if applicable.

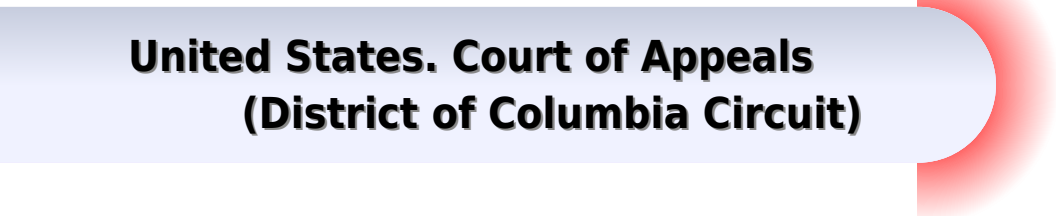
SECTION A: EMPLOYEE INFORMATION

(1) Name of Employee/Member (Last Name)		First Name		Middle Initial	Date of Birth	Social Security No.	Sex ☐ M ☐ F
Address (Street)		City		State	Zip Code		
Employee's/Member's Marital Status ☐ Single ☐ Married ☐ Widowed/Widower ☐ Separated ☐ Divorced ☐ Domestic Partner Relationship ☐ Civil Union							
Policy Number(s): List all policies under which benefits are due.				Occupation		(1) Was insurance issued on the basis of a statement of physical condition? (If yes, attach copy) ☐ Yes ☐ No	
(1) Check all of the boxes that apply to the Employee/Member's employment/membership status and job classification. ☐ Active ☐ Exempt ☐ Management ☐ Supervisory ☐ Union Local # _____ ☐ Salaried ☐ Full-time ☐ Retired ☐ Non-Exempt ☐ Non-Management ☐ Non-Supervisory ☐ Non-Union ☐ Hourly ☐ Part-time							
(1) Basic Annual Earnings		(1) Effective Date of Earnings		(1) Employee's Division/Location		(1) Policy Class #	
(1) Amount of Insurance: If claiming voluntary benefits, please provide enrollment information. Basic: Life Voluntary: SIB: AD&D (Please complete only if claiming AD&D benefits): Basic: Voluntary: STA:							
(1) Has voluntary coverage for the employee/dependent been in effect continuously since enrollment? ☐ Yes ☐ No If No, please include enrollment history and enrollment forms if not already provided.							
(1) Date Hired/Member of Assoc.		(1) Effective Date of Insurance		(1) Date Last Worked		(1) Date of Death	
(1) Premium Paid Through Date				(1) Has an assignment been taken? (If yes, attach copy) ☐ Yes ☐ No			
Was the above Considered an Employee/Association Member until his/her Date of Death? ☐ Yes ☐ No If No, Please Explain				(1) Was the Employee actively at work until the date of the Dependent's death? ☐ Yes ☐ No If No, indicate reason below.			
(1) If the Employee was not actively at work immediately prior to his/her death or Dependent's death, what was the reason? ☐ Disability (STD) ☐ Paid Leave of Absence ☐ FMLA ☐ Temporary Layoff ☐ Resigned ☐ Minnesota Continuation (Please attach COBRA form.) ☐ Disability (LTD) ☐ Unpaid Leave of Absence ☐ Vacation ☐ Sabbatical ☐ Discharged ☐ Other:							
Was coverage still in effect through the Date of Death? If No, Please Explain ☐ Yes ☐ No				(1) Is there a Beneficiary Designation on file for this Employee/Member? ☐ Yes ☐ No Please provide the most recent beneficiary designation with the claim.			
Did the Employee have health care coverage with Cigna? ☐ Yes ☐ No							

Beneficiary: please review and keep for your records.

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**United States. Court of Appeals
(District of Columbia Circuit)**



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Federal Register ,1999-07-22 *Vietnam Business Magazine* ,2000 *Manulife - National Pension Plan Corresp., RRSP Info, Manulife Insurance Forms, General Corresp., 1979-84 P.A.C.T., Professional Association of Canadian Theatres, 1979*
U.S. Tax Week ,1982 **Individual Retirement Accounts** United States. Congress. House. Committee on Ways and Means. Subcommittee on Oversight,1975 *The Grants Register 2026* Palgrave Macmillan,2025-09-18 The Grants Register 2026 is the most authoritative and comprehensive guide available of postgraduate and professional funding worldwide It contains international coverage of grants in almost 60 countries both English and non English speaking information on subject areas level of study eligibility and value of awards and information on over 5 100 awards provided by over 1 300 awarding bodies Awarding bodies are arranged alphabetically with a full list of awards to allow for comprehensive reading The Register contains full contact details including telephone fax email and websites as well as details of application procedures and closing dates It is updated annually to ensure accurate information *United States Court of Appeals for the District of Columbia Circuit* United States. Court of Appeals (District of Columbia Circuit),1977 **The Federal Reporter** ,1978 **Cases Adjudged** United States. Court of Appeals (District of Columbia Circuit),1977 *Best's Insurance Reports* ,1986 Upon all legal reserve companies assessment associations and fraternal societies transacting business in the United States **Fundraisers Guide to Human Service** Taft,Taft Group, The,1999 You share a common goal with organizations human service programs Yet you ve never met Let Fund Raiser s Guide to Human Service Funding 2000 introduce you to those who fund programs in child welfare aiding the homeless spouse abuse shelters or volunteer services In one comprehensive volume Fund Raiser s Guide to Human Service Funding provides you with everything you need to successfully connect with those fainters most likely to give to your organization The Guide identifies and describes in detail more than 1 900 private and corporate foundations including hundreds of corporate direct givers not covered in any other source From contact names and addresses to the grantmaker s giving policies and grant history you ll have all the information you need to succeed with your fund raising goals Fund Raiser s Guide to Human Service Funding provides three years of financial history for each funding organization including foundation assets total giving and gifts received By tracking the increases and decreases in assets giving and contributions you can evaluate a donor s potential and increase the return on your efforts *China International Business* ,2005 **Labour Arbitration Cases** ,2000 *The Weekly Underwriter* Alasco Delancey Brigham, Henry Rogers Hayden,1939 *Tax Court Reported Decisions* United States. Tax Court,1983
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