



**SECURITY MUTUAL LIFE**  
INSURANCE COMPANY OF NEW YORK  
SECURITY MUTUAL BUILDING • 100 COURT ST.  
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625  
607.723.3551 • www.smlny.com

## **Individual Life Insurance Incontestable Death Claim Form**

### **Instructions and Additional Information**

- **Who must complete the Individual Life Incontestable Insurance Death Claim form?** The form must be completed by each person or entity named as beneficiary. If the beneficiary is a minor, incompetent, or an estate, a certified copy of the legal appointment of the personal representative must be furnished. Each beneficiary must complete an Individual Life Insurance Incontestable Death Claim Form.
- **How does a corporation or other business entity, or a trust sign the form?** If the beneficiary is a corporation or other business, the legal name of the corporation or business entity must be followed by the signature and title of the officer authorized to sign for the corporation or business entity. A copy of the corporate resolution indicating who is authorized to act on behalf of the company should be submitted with the completed claim form. If the beneficiary is a trust, the legal name of the trust and trust date must be followed by the name of the trustee(s) and trustee(s) signature. Include the title of "Trustee" following each signature. A copy of the Trust should be submitted with the completed claim form.
- **What if the Beneficiary Designation does not list specific names of the children?** When any death proceeds are payable to unnamed children an affidavit must be completed furnishing the given names, addresses, social security numbers and dates of birth of each child.
- **Can the Death Proceeds be sent to the funeral home?** When the death proceeds are to be assigned to a funeral home, the original assignment specifying the amount to be assigned to the funeral home and a copy of the itemized bill should be submitted with the completed claim form.
- **Do I have to complete the entire form?** In order to ensure prompt handling of your claim, please complete the form in its entirety.
- **Where do I send my completed form and documentation?** Mail your completed form and documentation to Security Mutual Life Insurance Company of New York:

<i>Regular Mail:</i>	<i>Overnight Delivery/Certified Mail:</i>
Individual Claims	Individual Claims
PO Box 1625	100 Court Street
Binghamton, NY 13902-1625	Binghamton, NY 13901
- **Are there any Settlement Options or other methods for paying out the Benefit available other than a Lump Sum Payment?** Please refer to the settlement option page, from the policy, for options available to you. In the Settlement Option section of the form, indicate the quotes you would like to receive, if any. If you have any questions about which settlement options are available, please call our Home Office at 1-800-846-6305.



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## Individual Life Insurance Incontestable Death Claim Form

### Insured Information

Name of Deceased Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cause of Death, if known: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced ☐ Civil Union/Domestic Partner

Address: \_\_\_\_\_  
Number Street Name Apt/Box # (if any)

City State Zip Code

Please list any and all other names by which the Insured may have been known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Beneficiary Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name Apt/Box # (if any)

City State Zip Code

Relationship to Insured: ☐ Spouse ☐ Ex-Spouse ☐ Child ☐ Parent ☐ Other If Other, please explain: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please return all policies for which you are filing a claim. If a policy cannot be returned, please indicate by checking the Lost Policy Certification box below and filling in missing Policy numbers.

### Lost Policy Certification

☐ The undersigned Beneficiary hereby certifies that to the best of his or her knowledge:

Policy Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ has(have) been lost or destroyed, and is (are) not in the possession, custody or control of any person, corporation or other entity; and that neither this (these) Policy(s) nor any interest therein has been assigned or in any way transferred or encumbered.

## Settlement Options

If proceeds are payable to you, we will send a **lump sum payment** unless you elect an alternative method of distribution from the settlement options pay of the policy.

I do not want a lump sum payment; instead, I would like to receive quotes on the settlement options indicated below:

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## Beneficiary Tax Certification

Enter your Taxpayer Identification Number in the appropriate box. For most individuals, this is your Social Security Number.

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Social Security Number

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Employer Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--

Tax Identification Number

Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Exemptions: Exempt payee code (if any): \_\_\_\_\_ Exemption from FATCA reporting code (if any): \_\_\_\_\_

**Certification** – Under penalties of perjury, I certify that

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued), **and**
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien), **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item (2) above if you *have been* notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Your signature on this form is certification that the Taxpayer Identification Number provided above is correct and complete.**

## Signatures

The undersigned beneficiary declares that the foregoing statements are true and complete. It is understood that the furnishing of forms by the company does not constitute an admission that there is any insurance in force or proceeds payable, nor does it constitute an admission of any liability.

Residents of States other than New York: **Fraud Warning:** It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines, and denial of insurance in accordance with applicable state law. Please carefully review the "Claim Fraud Warning Statements" page, attached to and incorporated herein by reference.

**New York Residents: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The IRS does not require your consent to any provision of this document other than the above tax certification required to avoid backup withholding.

Signed at (City and State) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Beneficiary or Personal Representative of the Beneficiary: \_\_\_\_\_

Print Name of Beneficiary or Personal Representative of the Beneficiary: \_\_\_\_\_

## CLAIM FRAUD WARNING STATEMENTS

The laws of the states beneath require the Company to provide the following statements:

**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:** 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:** 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 and Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment for 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:** 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.

**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.

**Delaware, Idaho, Indiana and Oklahoma:** 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.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to any 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:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky:** 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:** 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.

**Maryland:** 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.

**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 false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

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

**New Mexico:** 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.

**New York:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with the 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

**Pennsylvania:** 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:** 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.

**West Virginia:** 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.