

**Group Life/Accidental Death & Dismemberment Insurance
Proof of Death Form**



For Death of Dependent Only – Statement of Employer and Beneficiary

For All the Commitments You Make®

Name & Address of Employee		Group Policy Account Number	
		Employee Class: (Certificate #)	Location
Name & Address of Employer		Amount of Insurance for Dependent: \$	
		Is Insurance In-Force for Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Death (Month/Day/Year)	Date of Birth (Month/Day/Year)	If Yes, Effective Date:	
Full Name of Deceased Dependent	Relationship to Insured	If No, Date of Cancellation:	
Name & Address of Beneficiary (If living, the Insured is the Beneficiary of any Dependent death claim)			
FEDERAL LAW	Federal Law requires us to inform you that we may have to withhold and send to the IRS 31% of certain reportable payments you may be entitled to. We will not have to withhold this amount if we have your correct Social Security Number, and you state that you have not been notified that you are subject to an IRS Back-up Withholding Order on Interest and Dividends.		
<p>** By signing below:</p> <p>(1) I Hereby Certify and Agree that I have not been notified by the Internal Revenue Service (IRS) that I am subject to a Back-up Withholding Order on Interest and Dividends. (If you have been so notified, cross out this statement "(1)". Provide your initials and today's date next to the cross out marks).</p> <p>(2) I Hereby Certify and Agree that I have read and understand the IMPORTANT NOTICE contained on the reverse side of (or attached to) this claim form.</p> <p>(3) I Understand and Agree that payment of the claim proceeds according to any alternate mode of settlement specified in the policy will only be made if Continental Assurance Company receives a written request for such alternate method of payment from me prior to the payment of the claim proceeds.</p> <p>(4) I Authorize the Continental Assurance Company to pay the death proceeds into an Assured Access Account (retained asset account). If an Assured Access Account is not an available form of payment for the group referenced above, I authorize the Continental Assurance Company to pay the proceeds to me in a lump sum payment. This will be in lieu of any alternate mode of settlement available under the policy. (If you do not wish to have the proceeds paid into an Assured Access Account, you may cross out this statement "(4)", and attach your written request for some other method of payment available under the policy.)</p> <p>(5) I hereby authorize Continental Assurance Company to use any personal or privileged information contained on this form to settle my claim for benefits. The information that I provide may be used by Continental Assurance Company only during the duration of my claim.</p>			
**Beneficiary Signature		Social Security Number of Beneficiary	
X			
Send Check To:		Signature of Employer Representative	
		X	
		Telephone Number (Include Area Code)	Date
L438-020-C(Revised 10/00)			

****IMPORTANT NOTICE****

Residents of all states EXCEPT FL, NJ, AZ: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or settlement 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.

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.

NJ RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

INSTRUCTIONS FOR COMPLETING PROOF OF DEATH FORM

- The upper portion of this form is to be completed by the Official Representative of the Employer. A certified copy of the Death Certificate must be attached to this form.
- In any case where a claim for accidental death is being made, in addition to the proof of death form, furnishing a newspaper account, police report, or coroner's verdict can facilitate consideration of such claim.
- If the claim proceeds are payable to the estate or executors or administrators of the Insured, statement must be made by an executor or administrator. A certificate of such person's appointment and qualification must be attached to this form.
- If the claim proceeds are payable to a minor, statement must be made by a guardian. An official certificate of the guardian's appointment and qualification must be attached to this form.