

**The Lafayette Life Insurance Company
Post Office Box 7007, 1905 Teal Road
Lafayette, Indiana 47903**

PHYSICIAN'S CERTIFICATE
(To Be Completed Only When No Death Certificate Is Available)

Full Name of Deceased		Residence At Death		
Date of Death	Place of Death	Occupation	Age At Death	
Cause of Death		<input type="checkbox"/> Natural	<input type="checkbox"/> Suicide	
		<input type="checkbox"/> Accident	<input type="checkbox"/> Homicide	
Contributing Cause Of Death Or Any Chronic Ailments				
Date of First Treatment		Date Of Last Treatment		
The Deceased Was Totally Disabled And Unable To Work At His Usual Occupation From _____				
I Hereby Certify That The Above Answers Are Full and True To The Best Of My Knowledge And Belief				
Date	Signature Of Physician			
Address	Number and Street	City	State	Zip Code

SPECIAL INSTRUCTIONS

Upon death of an insured employee or member, the below listed items must be furnished without expense to the Company. Please send all forms and correspondence to: CLAIMS DEPARTMENT, THE LAFAYETTE LIFE INSURANCE COMPANY, POST OFFICE BOX 7007, LAFAYETTE, IN 47903. Your cooperation in following these instructions will aid in the prompt consideration of the claim.

1. The completed **Death Claim Report**.
2. A **certified copy of the Certificate of Death**. In lieu thereof, the Physician's Certificate above may be completed by the Insured's Attending Physician. If the designated beneficiary is deceased, a certified copy of his or her certificate of death will be needed.
3. The **original Enrollment Card** and originals of **all Change of Beneficiary forms**.
4. If death was the result of an accident, and if the Accidental Death Benefit is in force, send all available **Police Reports and a newspaper article giving details of the accident and the autopsy report of deceased**.
5. If insurance proceeds are payable to the estate of the insured, or to a minor or mentally incompetent person, submit a **certified copy of the letters showing the appointment of such Executor, Administrator, Guardian or Conservator**.