

Instructions for completing proof of death claimant's statement



We have prepared this claim kit to assist you in filing a claim for death benefits. It is important that we receive all of the information requested.

All applicable pages of this form must be returned for acceptance.

Death claim document requirements - The following documents are required to file a claim.

- A **death certificate**. With cause and manner of death. If there are multiple beneficiaries on a contract, only one beneficiary needs to supply. A copy of the death certificate is acceptable if the total amount of all claims is less than \$500,000 and death occurred within the United States. The company reserves the right to require an original death certificate. Original death certificates submitted are not returned.
- A completed **Life proof of death claimant's statement** (O-2818-1)*.
- **We are unable to accept a form with whiteout**. If an error occurs, correct the error, initial and date by the change.
- Any additional requirements listed below, or requested by us.

Special instructions and additional requirements

- **Assignments for funeral expenses** require a signed assignment form (supplied by the funeral home) and an itemized copy of the funeral bill. If there are multiple beneficiaries, each beneficiary is required to sign an assignment form. A separate check for the amount of the assignment will be mailed directly to the funeral home.
- When **no beneficiary is named**, or if no beneficiary survives the insured, the proceeds are payable to the **Estate** of the insured or policyowner in accordance with the policy provisions. If the proceeds are payable to the **estate**, the executor or administrator of the deceased's estate must complete the Life claimant statement. A **Court certificate of appointment** is required. Also, a separate Tax Identification number for the Estate is required. A decedent and their Estate are considered separate taxable entities and therefore the Estate will need to apply for a Tax Identification number of Employer Identification number (EIN). Please consult your tax advisor for additional tax filing questions.
- If the proceeds are payable to a **trust**, a completed **Certification of trust** form (L-3172A)* is required. For questions on how to complete this form, please consult your legal advisor or trust preparer. For questions on how to complete this form, consult your legal advisor or trust preparer. Generation-Skipping Transfer Tax Release form (O-2797)* is required when proceeds are payable to the Trust equals or exceeds \$250,000.00, this form must be notarized.
- If the proceeds are payable to a **minor or incompetent beneficiary**, the guardian of the estate of the minor or incompetent beneficiary must complete the annuity claimant statement. A **Court certificate of appointment** is required. If Legal Guardianship is not established, the Company will hold the proceeds, at interest, until the minor reaches the age of majority.
- If the proceeds are payable to a beneficiary with a **power of attorney** and the **attorney-in-fact** completes the claimant statement, completion of the **Certificate of power of attorney** form (O-2876)* is required. If the beneficiary is unable to sign, please include the full power of attorney document and explanation as to why the beneficiary is unable to sign the Certificate of power of attorney.
- **If a beneficiary is deceased**, a death certificate is required.
- When the named beneficiary is a **business, corporation, or organization**, the original signature of an authorized representative is required. A copy of the corporate resolution showing authorized party to sign on behalf the business, corporation or organization is required.
- If the **death occurred outside of the United States**, the official death certificate issued in the country where the death occurred and a completed **Foreign death questionnaire** form (O-2796)*, a **Report of Death of an American Citizen, Part Two of the Claimant's Statement** form (O-2818-2)* and a **HIPAA Authorization** form (O-2722C)* are also required.
- If the beneficiary designation is surviving children, a completed and notarized **Affidavit of surviving children** form (O-2794)* is required from one surviving child.
- If the **claimant's name is different** than what was listed by the owner, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).
- **Contestable Claims** (when the death has occurred within the first two years of the policy contract date, reinstatement, increase of coverage, or change of class). In addition to the other claim documents, **Part Two of the Claimant's Statement** form (O-2818-2)* and a **Claim HIPAA Authorization** form (O-2722C)* are required.
- **Accidental Death Benefits** (if the policy provides additional benefits for accidental death). In addition to the other claim documents, **Part Two of the Claimant's Statement** form (O-2818-2C)* and a **Claim HIPAA Authorization** form (O-2722C)* are required. Please provide copies of the accident report and/or police incident report, newspaper clippings, or any other documentation regarding the accident or incident if available.

*We invite you to visit our website at NorthAmericanCompany.com/life-claim-forms for helpful brochures that provide additional information on settlement options that may be available to you, frequently asked questions about the claim process and electronic versions of the claims forms. Copies of the documents found on our website can be obtained by calling our claims department at the number listed below. If you have questions or need assistance on how to complete a form please call us toll-free at **800-733-2524**. We are available Monday through Thursday from 7:30 a.m. to 5:00 p.m. (central time) and Friday from 7:30 a.m. to 12:30 p.m. (central time). A service professional will be happy to take your important call.

Our mailing address is:

North American Company for Life and Health Insurance®
Life Division
P.O. Box 5088
Sioux Falls, SD 57117

Our overnight mailing address is:

North American Company for Life and Health Insurance®
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