



MEDMUTUAL LIFE™

A Medical Mutual Company

15885 W. Sprague Road • Strongsville, Ohio 44136-1772

Individual Death Claim Form

Telephone: 866-925-2542

Fax: 440-878-6916

Email Address: Claims@medmutual.com

Please complete all the items below and forward to our office with the Certified Death Certificate:

Section 1: Insured's Information			
Name		Group Number	
Street Address			
City, State and Zip Code		Social Security Number	

Section 2: Deceased's Information			
Name		Relationship to Insured	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>
Street Address			
City, State and Zip Code		Benefit Amount Being Claimed	
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>

Section 3: Claimant's Information			
Name		Telephone Number	
Street Address			
City, State and Zip Code			
Date of Birth		Social Security Number or Estate/Trust Tax Identification Number	
Relationship to the Insured	Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> Please explain:		
Please indicate in what capacity you are claiming this Death Benefit:			
<input type="checkbox"/> Named Beneficiary <input type="checkbox"/> Executor or Administrator – Please include a copy of the court certificate of appointment <input type="checkbox"/> Legal Guardian of Minor Beneficiary – Please include a copy of the court certificate of appointment <input type="checkbox"/> Trustee – Please include a copy of the Trust's title page and the page that names the successor trustee <input type="checkbox"/> Other – please specify:			

Section 4: Claimant Certification			
By signing below, I certify that the above statements are complete and true. I further certify that the Social Security Number or the Estate/Trust Tax Identification Number listed above is the correct taxpayer identification number. I understand that the furnishing of forms by MedMutual Life Insurance Company does not constitute an admission that there is any insurance in force or that I am a beneficiary of any proceeds that may be due.			
Signature		Date	

NOTE: 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 act, which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon and Virginia.)



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Fraud Notices

The laws of some states require us to furnish you with the following notice:

For residents of all states except California, Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

CALIFORNIA RESIDENTS – 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.

FLORIDA RESIDENTS – Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS – 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA and UTAH RESIDENTS – 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 materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VIRGINIA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.