



FOREIGN CLAIM QUESTIONNAIRE

To be completed for claims involving loss outside the United States.

Type of Claim: Life/Death Claim: _____
Accidental Claim: _____

Name of Deceased: _____

Policy Number(s): _____

Last address in the U.S. (Canada): _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Passport Number: _____

U.S. Citizen: Yes No If no, date first entered the U.S. _____

Occupation: _____ Social Security Number: _____

Details of any other insurance coverage: _____

Travel Information

Date deceased left U.S. (Canada): _____

Intended duration of trip: _____

Intended itinerary: _____

Purpose of trip: _____

Airline used when departing U.S. (Canada): _____

Airport Departed From: _____ Airport Arrived At: _____

Was returned flight booked: _____ If yes, give ticket information: _____

Details of Death

Date and time of death: _____

Exact place of death: _____

Exact cause of death: _____

Foreign address at time of death: _____

A. Accident

Details of accident: _____

Names and addresses of witnesses: _____

Name of police officer and police department involved: _____

B. Natural Causes

Name of illness: _____ Date illness began: _____

In either case:

Name/Address of any hospital involved: _____

Name(s), address, phone number of attending physicians: _____

Name(s), address, phone number of physician certifying death: _____

Any Autopsy? Yes No Any post mortem or inquest? Yes No

Name(s), address, phone number of coroner: _____

U.S. Embassy or Consulate contacted? Yes No If yes, give details _____

Burial/Cremation

Was deceased buried or cremated: _____

Where did this occur: _____

What documentation was obtained to permit burial or cremation: _____

Provide names, addresses, phone numbers and relationships of immediate family members who were present at the funeral/burial/cremation:

Provide names, addresses, phone numbers and relationships of two people, not related to the deceased, who were present at the funeral/burial/cremation:

Please send any of the documents available:

| | | | |
|---|-------|--|-------|
| Visa | _____ | Airline Tickets (To/From U.S.) | _____ |
| Passport | _____ | Original Death Certificate | _____ |
| Obituary | _____ | Birth Certificate | _____ |
| Photo of Deceased | _____ | Police Report | _____ |
| Burial Permit | _____ | Newspaper Clipping(s) | _____ |
| Doctor Bills | _____ | Hospital Bills | _____ |
| Copies of Medical Records for past year | _____ | **Report of Death of American Citizen (from U.S. Embassy) | _____ |

****Required if insured is a U.S. Citizen**

Personal Information of Claimant/Beneficiary

Name: _____

Address in U.S. _____

(City, State/Zip in U.S.)

Date of Birth: _____

Place of Birth: _____

Foreign Address: _____

U.S. Citizen? Yes No Date first entered U.S. _____

Did you attend the funeral/burial service? Yes No

I certify, under penalty of perjury, the following is my correct _____ or _____
(Social Security Number) (Taxpayer Identification Number)

Beneficiary/Payee Signature (Required) **X**: _____ Date _____

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime.

I hereby certify that the above information is correct and declare that all answers as above recorded are complete and true and agree that the furnishing of this additional, supplemental information shall not constitute an admission of liability nor a waiver of any of the company's rights and defenses.

Signature: _____
Claimant/Beneficiary Witness

Date: _____

Please return this form along with a completed and signed Authorization for Release of Information.