



## Beneficiary Information and Instructions

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.

### Death Claim Document Requirements:

- **A Proof of Death Claimant's Statement** – if there are multiple beneficiaries, each must complete and sign his/her own form. **Original signatures are required.**
  - **A Certified Death Certificate** – must include raised or color-coded court seal and cause and manner of death. A photocopy is not acceptable. If there are multiple beneficiaries on a policy only one beneficiary needs to supply.
  - Any additional requirements listed below, or required by us.
- **Assignments for funeral expenses** require a signed notarized 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.
  - 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.
  - When the proceeds are payable to a **contingent beneficiary** because of the prior death of the primary beneficiary, the contingent beneficiary is required to furnish a death certificate for the primary beneficiary. This certificate may be obtained from public records.
  - When the proceeds are payable to the **Estate** of the insured, the Claimant's Statement must be completed on behalf of the Estate by the court appointed representative of the Estate (Executor, Administrator, or other Court designated title). A **certified copy** of the Testamentary or Letters of Administration must accompany this form. Include the Tax I.D. number for the Estate.
  - When the proceeds are payable to a **Trust**, the Claimant's Statement and Certificate of Trust form must be completed on behalf of the Trust by the designated Trustee(s). A Generation-Skipping Transfer Tax Release form will be required when proceeds payable to the Trust equals or exceeds \$250,000.
  - When the beneficiary is a **Minor** child, the court appointed Legal Guardian of the **Minor's** Estate must complete the Claimant's Statement. The form must include the minor's social security number, date of birth, and residence address. A certified copy of Letters of Guardianship of the Estate of the minor must accompany this form. If Legal Guardianship is not established, the Company will hold the proceeds, at interest, until the minor reaches the age of majority.
  - 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.
  - When **unnamed children** (e.g., all surviving children) are designated as beneficiaries, a notarized affidavit stating the names, birth dates, social security numbers and residence addresses for all children is required. If any children have predeceased, a copy of their death certificate is required.
  - 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.
  - **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 and a Claim HIPAA Authorization form are required.**
  - **Foreign Deaths** (when the death occurred outside of the United States). **In addition to the other claim documents, the official death certificate issued in the country where death occurred, a Foreign Claim Questionnaire, a Report of Death of an American Citizen, Part Two of the Claimant's Statement and a Claim HIPAA Authorization form 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 and a Claim HIPAA Authorization form 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.

**Mail all required documents to:** North American Company for Life and Health Insurance  
ATTN: Claims Department  
PO Box 5088  
Sioux Falls, SD 57117

**Claims Questions: 1-800-733-2524, Ext. 32063**