

Death Claim for Association Plans



Complete and sign the Administrator's Statement. The Statement of Beneficiary must be signed by the beneficiary if the amount payable to the beneficiary is \$5,000 or more. Forward completed claim form along with a certified copy of the death certificate, application(s) or group enrollment form(s), and any beneficiary changes to: *ING Employee Benefits, P.O. Box 1548, Minneapolis, MN 55440.*

ReliaStar Life Insurance Company
Toll-Free: 1-888-238-4840

Administrator's Statement

Insured member's full name		Birthdate	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
			<input type="checkbox"/> Never Married	<input type="checkbox"/> Widow(er)	
Other names by which the Insured may be or have been known (<i>maiden, hyphenated, nickname, derivative of first and/or middle, or alias</i>)					
Address (<i>Street, city or town, state, zip code</i>)			Sex	<input type="checkbox"/> Male	Social Security Number
			<input type="checkbox"/> Female		
Association name			Group policy number		
Amount of claim					
	<u>Certificate #</u>	<u>Amount</u>	<u>Effective Date</u>	<u>Premium Paid to Date</u>	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
Date of Death	Cause of Death. If death was caused by injuries, explain (<i>Attach newspaper clipping, if available</i>)				

If claim is for insurance on a dependent, give the following information concerning dependent (list life amount above)

Name		Address (<i>Street, city, state, zip code</i>)		Social Security Number	
Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Date this dependent insured

Administrator Certification The above statements as to the member are correct as reported on the administrator's records.

Name of Administrator	Date (<i>month, day, year</i>)
Administrator address (<i>Street, city or town, state, zip code</i>)	Telephone number
Authorized signature	Title

Statement of Beneficiary Name, address, birthdate, and Social Security Number of each beneficiary is required.

Name of Beneficiary	Social Security Number	Birthdate	Relationship
Address (<i>Street, city, state, zip code</i>)		Telephone number	

I certify under penalties of perjury that the Social Security Number of this form is correct. I am not subject to backup withholding. I am making claim for the life insurance proceeds as _____
(Beneficiary, spouse, executor, trustee, etc.)

If as trustee, give date the trust was created _____
Date

The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

Beneficiary signature X	Date
----------------------------	------

See reverse side of form for additional Statements of Beneficiary and Fraud Warnings.

Statement of Beneficiary *Name, address, birthdate, and Social Security Number of each beneficiary is required.*

Name of Beneficiary	Social Security Number	Birthdate	Relationship
Address (<i>Street, city, state, zip code</i>)		Telephone number	

I certify under penalties of perjury that the Social Security number of this form is correct. I am not subject to backup withholding. I am making claim for the life insurance proceeds as _____
(Beneficiary, spouse, executor, trustee, etc.)

If as trustee, give date the trust was created _____.
Date

The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

Beneficiary signature X	Date
----------------------------	------

Statement of Beneficiary *Name, address, birthdate, and Social Security Number of each beneficiary is required.*

Name of Beneficiary	Social Security Number	Birthdate	Relationship
Address (<i>Street, city, state, zip code</i>)		Telephone number	

I certify under penalties of perjury that the Social Security number of this form is correct. I am not subject to backup withholding. I am making claim for the life insurance proceeds as _____
(Beneficiary, spouse, executor, trustee, etc.)

If as trustee, give date the trust was created _____.
Date

The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

Beneficiary signature X	Date
----------------------------	------

Fraud Warnings

Standard: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts to a policyholder or claimant for the purpose or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oregon: Any person who knowingly and with intent to defraud submits an application or files a statement of claim containing any materially false or misleading information, may be guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.