



PO Box 25968 · Oklahoma City, OK 73125 · 800-425-9303 · www.afrlifeemployer.com

HOW TO COMPLETE YOUR LIFE INSURANCE CLAIM

Please read this before you start to complete your Claim Form.

To facilitate the processing of your claim, we need the following:

- please send us one *certified* death certificate, which will be returned;
- a fully completed Claim Form for **each** beneficiary;
- a signed Tax Certification form;
- a Spouse Beneficiary Affidavit*, if required;
- an Employment Verification Form**, if required.

POLICY and DECEASED INFORMATION

Please include the policy number and all information requested for the deceased. This information is necessary for identification and benefit determination.

BENEFICIARY INFORMATION

Please complete all the beneficiary information for each beneficiary.

PAYMENT INFORMATION

Payments will be made by check.

SIGNATURES

Please sign and date the form.

IMPORTANT NOTES

If the Estate is listed as a Beneficiary-When filing a claim for the Estate, the executor needs to sign the claim form and submit a copy of the Will or Trust paperwork showing their appointment.

If there is an Assignment-If any portion of the claim is assigned to a funeral home for final expenses, please submit the paperwork for that assignment.

If a Beneficiary is a Minor-The legal guardian for the minor will need to sign the claim form and submit a copy of the court documents appointing the guardian to the minor.

HOW TO SUBMIT YOUR CLAIM

Submit this form plus any documentation requested to:

AFR Life Insurance Company
PO Box 25968
Oklahoma City, OK 73125

You can submit everything, but the certified death certificate via our website afrlifeemployer.com in the Contact Us section.

*The Spouse Beneficiary Affidavit is required when the Primary Beneficiary was married or formerly married to the insured.

**The Employment Verification Form is needed to verify the certificate holder was actively at work on the day of the enrollment.



Life Insurance Claim Statement for Beneficiaries

Please type or print clearly, sign, and return the form with the Insured's *certified* death certificate.

POLICY and DECEASED INFORMATION

Policy Number: _____

Deceased Name: _____ SSN: _____

Date of Birth: _____ Date of Death: _____

Claimant Information

____ Named Beneficiary ____ POA for named beneficiary ____ Legal Guardian/Custodian for named beneficiary
____ Trustee ____ Executor/Administrator of Estate ____ Other _____

If you are signing on behalf of another individual or entity, please indicate your title (i.e. Trustee, Executor, Guardian, Holder of Power of Attorney, Corporate Officer). Please include any supporting documentation to substantiate your authority.

Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Relationship to Deceased: _____

Email Address: _____ Phone Number: _____

I, the undersigned, hereby make a claim to said insurance and understand that the furnishing of forms by the Company does not constitute an admission that there is insurance coverage in force. I authorize any physician, or any other person, who attended or examined the Insured or any hospital, including veterans' hospitals or sanitarium, in which the Insured was confined, treated, or examined, to disclose any information acquired thereby and to furnish all such information to the AFR Life Insurance Company and their reinsurers. The statements and information included herein are true and complete to the best of my knowledge and belief. I attest that I am a US Citizen or US Resident for tax purposes.
The undersigned agrees to indemnify and hold harmless said Insurance Company from any, and all costs, actions, losses, or damages which it may suffer by virtue of payment of any proceeds under the above-described policies and agrees to join into any litigation concerning the payment of said proceeds and furnish further proofs, if requested.

Printed Name of Claimant

Signature of Claimant

Date



TAX CERTIFICATION

Under penalties of perjury, I certify that:

1. The number in the form above is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding or, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a US citizen or other US person (defined below).

Certification Instructions: You must cross out # 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends.

Definition of a US Person: For Federal tax purposes, you are considered a US person if you are:

1. An individual who a US citizen or US resident alien; or
2. A partnership, corporation, company, or association created and organized in the United States or under the laws of the United States; or
3. An estate (other than foreign estate); or
4. A domestic trust (as defined in IRS regulation section 301.7701-7).

For more information, please see IRS Form W-9 instructions. If you are not a US person, please complete an IRS Form W-8 BEN (available at www.irs.gov or contact us for a copy).

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

Beneficiary Signature

Date

Fraud Warnings and Certifications

Before signing the claim form, please read the warning for the state where you reside and the state where the insurance policy under which you are claiming a benefit was issued.

ALASKA A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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 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 or information to a policyholder or claimant for the purpose of defrauding 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 WARNING: 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.

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

IDAHO Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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.

MAINE It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

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

MINNESOTA A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

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

NEW MEXICO 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 civil fines and criminal penalties.

NEW YORK 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.

OHIO Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

PUERTO RICO Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are [sic] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND 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.

TENNESSEE It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS 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.

VIRGINIA Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the State Law.

WASHINGTON It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA 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.



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)-CLAIMS

Name of Claimant _____

Policy Number _____

Name of Financial Institution _____

City _____ State _____ Zip Code _____

Account Number _____ Checking or Savings

Routing Number _____

Please attached a VOIDED check OR

- check this box for paperless and online accounts AND ensure that your bank's routing number and account number are entered correctly in the spaces above.

By signing this form, you are authorizing American Farmers & Ranchers Life Insurance Company (AFRLIC) to deposit the claim proceeds into your bank account via Automated Clearing House (ACH). AFRLIC has no access to or control over your bank account *other than to make the deposit you authorize*. You understand and agree that if other persons are joint owners or signatories on your bank account, they may also have access to the claim proceeds once AFRLIC makes the deposit, and it is your responsibility, not AFRLIC's, to ensure only people you authorize have access to the proceeds.

Signature of Claimant _____

Date _____