



The Baltimore Life®
COMPANIES

Dear Beneficiary:

The Baltimore Life Insurance Company would like to express our sympathy to you on the loss of your loved one. The loss of a loved one is often difficult and Baltimore Life is here to assure you that we will process your claim promptly. We have been helping people since 1882, and we want you to have the full benefit of our experience.

Before completing the attached form, carefully examine the section below. It contains a list of items we need to process your claim. It also gives instructions for special situations.

1. **Certified death certificates** – A **certified** copy of the deceased's death certificate must be included with the claim form. If any of the named beneficiaries are deceased, you must also include a copy of their death certificates. Usually certified copies are provided by the funeral director, but can be obtained from the recorder's office for the county where the death occurred. Please note: A certified copy requires an original certification.
2. **Two or more beneficiaries** – If there is more than one beneficiary, each beneficiary must complete and sign a separate form.
3. **When a beneficiary is a minor** – If the beneficiary is a minor or a person declared mentally incompetent, the guardian or conservator of the minor's estate must sign the claim form and submit a certified copy of the court document naming him or her legal guardian or conservator with the claim form.
4. **When the policy has been assigned** – If the policy was assigned to a funeral home, the beneficiaries and the assignee(s) must sign a claim form and include a copy of the funeral bill. Baltimore Life will pay any balance of proceeds to the named beneficiary(ies).
5. **Proceeds payable to the estate** – If the policy proceeds are payable to the estate or to the personal representative of the insured, the executor or administrator must sign the claim form and submit a copy of the court certificate of appointment.
6. **Death outside of the U.S.** – If the death occurred outside of the U.S., the official death record must be authenticated by a diplomatic or consular representative of the U.S.
7. **Other helpful information** – The actual life insurance policy, newspaper clipping of the death or burial, and any accident or policy reports will help us expedite your claim. You should mail these items along with the claim form.
8. **If more information is needed** – Generally, the claim form and information described above is sufficient for us to process your claim. However, in some instances, we may need more information before any payment can be made. If the death of an insured occurs within two years from the effective date of coverage, we will conduct an investigation to verify the information given on the application.
9. **If policy issued or reinstated within two (2) years of death** – Complete Form 7712 Claims Authorization for Health Related Info - HIPAA

We're here to help you. If you need assistance in completing this form or have questions on other methods of claim payment, your Baltimore Life representative is ready to assist you. Please call our toll-free number 1-800-628-5433. In addition, your agent can help you with other insurance needs.

Sincerely,
The Baltimore Life Insurance Company

The Baltimore Life Insurance Company
10075 Red Run Blvd., Owings Mills, Maryland 21117-4871 • www.baltlife.com
Local Phone: 443.200.1178 • Toll-Free: 800.628.5433



Complete, detach and give to the client ONLY if agent receives the policy.

Policy Receipt

Name of Insured _____

Received from _____

Date _____

The policies shown are being sent to the home office of:

The Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871

Signature of Baltimore Life Representative _____

Agency or Location _____

POLICY NUMBER	INDICATE BY X	
	ORIG.	DUP.

Claimant's Statement

(Please print all information except where signatures are required.)

Return this form to the Claims Department at the home office of the company.

- Complete, sign and return the form together with the insurance policy and a certified death certificate, which indicates the cause and manner of death of the insured person.
- Additional requirements may also be requested depending on the circumstances.

Section A – List all policy numbers for which you are claiming a death benefit.

1. Policy Number(s) _____

Section B – Tell us about the person insured by the policy(ies).

2. a) Name _____ b) Date of Birth _____
First Middle Last Month/Day/Year

c) Also known as - Name _____
First Middle Last

d) Address _____
Street Number & Name, Suite Number, City, State, ZIP Code

e) Date of Death _____ f) State of Residence Prior to Death _____
Month/Day/Year

Section C – Read this section carefully if the named beneficiary(ies) is not alive.

3. If the last known beneficiary(ies) of the policy(ies) has died, please send us proof of the beneficiary's death.

Section D – Tell us about the claimant/beneficiary of the death benefits.

4. a) Name _____ b) Date of Birth _____
First Middle Last Month/Day/Year

c) Gender Male Female d) Relationship to Insured _____

d) Street Address _____
Street Number & Name, Suite Number, City, State, ZIP Code

e) Claimant/Beneficiary SSN or Tax Identification No. for Estate *(I certify that this number is true, correct and complete.)* _____

f) Telephone Numbers _____ g) Email Address _____
Home Cell

Section E – Tell us about the doctors, hospitals and institutions who treated the insured if the policy has been issued or reinstated within two years of the date of death. (Use a separate sheet if necessary.)

5. a) Name of Personal Physician _____

b) Address _____
Street Number & Name, Suite Number, City, State, ZIP Code

c) Name of Doctor, Hospital, or Institution _____

d) Address _____
Street Number & Name, Suite Number, City, State, ZIP Code

Section F – Withholding Election of Claimant

I have read the Notice of Federal Income Tax Withholding and understand that if I elect not to have Federal income tax withheld, I am liable for payments of Federal income tax on the taxable portion of this distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

I DO* / DO NOT want to have Federal income tax withheld from my claim distribution. **(10% will be withheld unless other amount is elected here _____%. State taxes should also be withheld, if required by my state of residence.)*

CERTIFICATION: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been fully 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 U.S. person (including a U.S. Resident Alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (If we are required to report this transaction to the IRS, we will notify you and IRS next January.)

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

Your Signature (Claimant/Beneficiary) _____ Date _____

Your Signature (Second Claimant/Beneficiary) _____ Date _____

AGENCY _____
 AGENT _____

This check should be sent to:
 Agency for delivery Directly to Claimant/Beneficiary

Policy(ies) enclosed Unable to locate policy(ies)

COMPLETE THIS SECTION FOR ALL CLAIMS:

Return this form to the Claims Department at the home office of the company.

These statements are true and complete to the best of my knowledge and belief. I understand that the furnishing of forms by the company does not constitute an admission that there is any insurance in force. I agree to furnish statements by physicians who attended or treated the deceased and all other documents called for by the company as may be applicable to this claim and further agree that such statements or documents shall constitute and are hereby made a part of the Claimant's Statement. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF COMMITTING A FRAUDULENT ACT WHICH IS A CRIME AND SUBJECT TO CRIMINAL PROSECUTION.

State Required Fraud Warnings

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

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.

ARKANSAS, LOUISIANA or 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.

CALIFORNIA: 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.

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.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

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.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance

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.

MAINE and 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 may include imprisonment, fines and 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 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.

OHIO: Any person who, with 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 is guilty of insurance fraud.

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

OREGON: Any person who, with 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 state law.

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.

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.

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.

Settlement Options

A variety of annuity settlement options are available. You may call your Baltimore Life agency or our toll-free Customer Service line at 800.628.5433 to receive more information about available annuity options.

I hereby request that The Baltimore Life Insurance Company send a lump sum check to me.