

**DEATH CLAIM FORM
EMPLOYEE GROUP LIFE INSURANCE**

Form 2459 Rev.7-01

MAIL FORM TO
Group Life Claims Division
Pan-American Life Insurance Company
P.O. Box 61070
New Orleans, LA 70160-1070

This form should be completed by a physician, if in attendance, and by the policyholder upon the death of an insured employee. A certified copy of the official death certificate must be supplied. By furnishing this form and investigating the claim the company shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.

TO BE COMPLETED BY ATTENDING PHYSICIAN

DECEASED'S NAME IN FULL		DATE OF BIRTH	AGE AT DEATH
CAUSE OF DEATH		PLACE OF DEATH	DATE LAST ILLNESS BEGAN
WAS DEATH DUE TO <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT		DESCRIBE CIRCUMSTANCES	
DATED	ATTENDING PHYSICIAN'S SIGNATURE	ADDRESS	

**INDIVIDUAL CERTIFICATE AND ENROLLMENT CARD MUST ACCOMPANY CLAIM
TO BE COMPLETED BY POLICYHOLDER OR TRUSTEE
(see reverse for instructions)**

NAME OF EMPLOYEE		GROUP NO.	CERTIFICATE NO./S.S. NO.	
DATE OF BIRTH	DATE EMPLOYED	EFFECTIVE DATE OF INSURANCE	DATE LAST WORKED	
DATE OF DEATH	CURRENT MONTHLY SALARY	PRESENT AMOUNT OF INSURANCE	CLASS OF INSURANCE	JOB/POSITION
WAS THE DECEASED ON LEAVE OF ABSENCE OR LAYOFF AT DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ON WHAT DAY DID LAYOFF OR LEAVE BEGIN?		
WAS IT BECAUSE OF ILLNESS OR INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHAT WAS THE REASON FOR LAYOFF OR LEAVE?		
WAS INSURANCE TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE & REASON OF TERMINATION?		
NAME OF BENEFICIARY(IES) - ATTACH ENROLLMENT CARD A.		RELATIONSHIP	SS#	AGE
ADDRESS OF BENEFICIARY(IES)				
NAME OF BENEFICIARY(IES) - ATTACH ENROLLMENT CARD B.		RELATIONSHIP	SS#	AGE
ADDRESS OF BENEFICIARY(IES)				
NAME OF BENEFICIARY(IES) - ATTACH ENROLLMENT CARD C.		RELATIONSHIP	SS#	AGE
ADDRESS OF BENEFICIARY(IES)				
WAS DEATH DUE TO OCCUPATIONAL ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLEASE INDICATE BENEFIT CLAIMED? LIFE? <input type="checkbox"/> YES <input type="checkbox"/> NO AD&D <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND ADDRESS OF POLICYHOLDER, OR TRUSTEE				

DATE _____ SIGNED BY _____ TITLE _____

FOR PAN-AMERICAN USE ONLY

G.D.C. NO. _____

INSTRUCTIONS

Attach certified copy of the official death certificate.

1. ENROLLMENT CARD - The original enrollment card or a photocopy must be submitted with this form. Any changes of beneficiary must also be attached.
2. MINOR OR INCOMPETENT BENEFICIARIES - When the named beneficiary is a minor or has been declared legally incompetent, payment can only be made to the legal guardian of the beneficiary. Copies of the letters of Guardianship or Tutorship must be submitted with the claim.
3. ESTATE BENEFICIARIES - When the named beneficiary is the Estate of the insured payment will be made to the administrator of the deceased's estate. Copies of the Letters Testamentary or Letters of Administration must be submitted with the claim.
4. DECEASED BENEFICIARY - If any of the named beneficiaries have pre-deceased the insured a certified copy of the death certificate of that deceased beneficiary must be submitted. Payment to the surviving named beneficiaries will be made as provided in the policy unless the insured has specifically provided otherwise in his beneficiary designation. If no beneficiary survives the insured, payment will be made to the deceased insured's estate as outlined in #3 above.
5. FUNERAL ASSIGNMENTS - The proceeds or a portion thereof may be assigned to a funeral home by the named beneficiary. A copy of the assignment and the itemized funeral bill must be attached.

The company reserves the right to require additional information should it be deemed necessary.

NOTICE CONCERNING YOUR RIGHTS OF PRIVACY AS A CONSUMER

Pan-American Life Insurance Company collects nonpublic information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.