

## **Group Insurance**

Please send the completed form and all attachments to:

The Prudential Insurance Company of America Group Life Claim Division P.O. Box 8517 Philadelphia, PA 19176

## **Group Claim Form for Survivor Benefits – Survivor Statement**

Tel: 800-524-0542 Fax: 888-227-6764

1	a copy of your birth certificate.
Deceased's Information	First Name MI Last Name
	Social Security Number Date of Birth (MM DD YYYY) Date of Death (MM DD YYYY)
	Gender  Male Female State of Residence
2	First Name MI Last Name
	Social Security Number  Date of Birth (MM DD YYYY)  Date of Marriage (MM DD YYYY)
	Your mailing address
	Street Apt.
	City State ZIP Code
	Your home address (if different from mailing address above)
	Street Apt.
	City State ZIP Code
	Was the marriage in effect at the time the insured died?

## Group Claim Form for Survivor Benefits - Survivor Statement

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	If Part I has not been completed, please state reason. (If deceased, furnish death certificate.)							
	Were any of the insured's natural children legally adopted by another party prior to the insured's death?		Yes		No			
	If "Yes," list names of children:	Social	Securi	ity Nu	ımbe	er		
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							Ш	
	For each dependent child eligible for survivor benefits, complete the following: (Birth certificate should be	e attaci	hed.)					
	Name Date of Birth (MM DD YYYY) Was the chil			ndent	upoi	n insur	ed at d	leath?
	Single Yes	No	)					
	If full-time student, name of school Present Home Address							
	Name Date of Birth (runna road) Was the shi	المطنينا	, danar					la a+b2
	Name Date of Birth (MM DD YYYY) Was the chil	u wholly		iueni	upoi	ı ırısur	eu at u	ieaui!
	If full-time student, name of school							
	I full time stadelly finite of scriber							
	Name Date of Birth (MM DD YYYY) Was the chil	d wholly	y deper	ndent	upo	n insur	ed at c	death?
	Married Yes	No	)					
	If full-time student, name of school							
<b>Survivor</b> —To	First Name MI Last Name							
be completed	I Last Name						П	
by survivor recipient other	Social Security Number  Date of Birth (MM DD YYYY)			Ш	ш			
than qualified family member. (Attach your birth		Married Single						
certificate.)	If the insured's spouse is deceased and any of the above are not of legal age, has or will a guardian be appointed?							
	If "Yes," please furnish a copy of the court order appointing a guardian of the estate of address to which any benefit checks should be sent.	of the r	minor	child	drer	ı and	the	

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**FLORIDA RESIDENTS** — 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.

**NEW YORK RESIDENTS** — 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.

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

	Da	Date (MM DD YYYY)						
X								
Claimant Signature	_							

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia and Washington; WARNING:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**ALABAMA RESIDENTS** — 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.

**ARIZONA RESIDENTS** — 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, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS** — 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 RESIDENTS** — 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.

**KENTUCKY RESIDENTS** — 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.

MAINE and WASHINGTON RESIDENTS — Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.



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**MARYLAND RESIDENTS** — 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.

**NEW HAMPSHIRE RESIDENTS** — 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 RSA 638:20.

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

**NORTH CAROLINA RESIDENTS** — Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

**PENNSYLVANIA** and **UTAH RESIDENTS** — 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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO RESIDENTS** — 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 by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] 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.

**VERMONT RESIDENTS** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS** — Any person who, with the intent to defraud or knowing that he/she 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.

## Please keep a copy of this form for your records.

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