

**OXFORD LIFE INS. CO. NORTH AMERICAN INS. CO. REASSURE AMERICA LIFE INS. CO.
CHRISTIAN FIDELITY INS. CO.**

2721 N. Central Avenue • Phoenix, AZ 85004 • (800) 308-2318

Life Insurance Claimant's Statement

NAME OF DECEASED:	POLICY NUMBER(S):
DATE OF BIRTH:	DATE OF DEATH:
FROM WHAT RECORD WAS DATE OF BIRTH OBTAINED:	PLACE OF DEATH:
PLACE OF BIRTH:	CAUSE OF DEATH:
If any policy in this Company was assigned, give detailed information:	When did health of deceased first become impaired?
	In last illness when did deceased first consult physician?
	On what date did deceased last attend usual work?

LIST ALL PHYSICIANS WHO ATTENDED OR PRESCRIBED FOR DECEASED WITHIN THE LAST FIVE YEARS PRECEDING DEATH:

Names & Addresses:	Date of Attendance:	Seen for:
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL OTHER LIFE OR ACCIDENT INSURANCE ON THE LIFE OF THE DECEASED:

Companies or Associations:	Policies Dated:	Amount of Insurance:
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby makes claim to said insurance as beneficiary and agrees that the written statements and affidavits of all physicians who attended or treated the insured and all other papers called for by the instructions hereon shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form or any of the forms supplemental thereto by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question nor a waiver of any of its rights or defenses.

I expressly waive on behalf of myself and any other party who shall have or claim any interest in any policy issued to the insured, all provisions of law forbidding any physician or any other person who attended or examined the insured, or any hospital (including Veterans' Hospital) or sanitarium in which insured was confined, treated or examined, from disclosing any information or knowledge acquired thereby and I authorize the furnishing of all such information to the above named insurance company. A photocopy of this authorization shall be considered as effective and valid as the original.

_____	_____	_____
Claimant's signature	Age	Relationship to deceased
_____	_____	_____
Claimant's address		Claimant's SSN
_____	_____	
Witness to above signature	Date	

General Instructions Concerning Proof Of Death

POLICY NUMBER(S):	NAME OF DECEASED:
NAME OF BENEFICIARY(IES) ON POLICY:	

This will acknowledge notice of death of the named policyowner.

IT IS NOT NECESSARY TO EMPLOY ANY PERSON OR INCUR ANY EXPENSE TO COLLECT A VALID CLAIM FROM THIS COMPANY

1. The form of claimant's statement is on reverse side of this sheet.
2. This must be made by the party or parties to whom insurance is payable as beneficiary(ies). If there is more than one beneficiary, all beneficiaries may sign the same statement, or each beneficiary may make a separate statement. When a policy is payable to a minor, claimant's statement must be made by the guardian, a certified copy of whose appointment and authority must be furnished.
3. When policy is payable to estate or legal representative of the insured, claimant's statement must be made by the executor or administrator, a certified copy of whose appointment and authority must be furnished.
4. When policy is payable to a corporation or firm, the claimant's statement must be made by a duly qualified officer who has the power and right to make such claim in the name of the corporation or firm.
5. If any named beneficiary predeceases the insured, unless policy specifically provides otherwise, claimant's statement should be made by the duly appointed executor or administrator of insured's estate, copy of whose appointment and authority should be furnished. Also a certified copy of deceased beneficiary is required.
6. Have signature(s) witnessed.
7. In addition to the claimant's statement, please furnish:
 - Attending Physician's Statement
 - Certified Copy of Death Certificate, or
 - Mortician's Statement
 - Obituary Notice
 - Original Policy
8. When a coroner's investigation has been held, a certified copy of evidence and verdict must accompany physician's statement.
9. If the policy has been assigned, it is necessary that an Assignment Agreement form be completed by the Assignee and beneficiary(ies).