



Christian Fidelity[®]
Life Insurance Company

866-641-9999

If the Policy Effective Date was *less than 2 years* prior to the day of the passing of the insured, the following information is required:

1. **Life Claim Form** (To be completed by each beneficiary)
2. **Original, raised seal death certificate** (Copies will not be accepted)
3. **Copy of the obituary or funeral home invoice**
4. **Original policy** (OR check the box on page 2 of the Life Claim Form to indicate the original policy has been lost or destroyed).
5. **Copy of two forms of government-issued identification for each beneficiary**
(If the claim proceeds exceed \$50,000, a third form of government-issued identification is required)
6. **Medical Provider Information Form** (List the primary care physician and all physicians/clinics/hospitals who attended or prescribed treatment and/or medications from the date of the application and five years prior. Please note: Failure to provide the complete medical information may delay the claim.)
7. **HIPAA Authorization for Release of Health-Related Information Form**
8. **Legal Documentation to assist in the release of medical records** (If you are in possession of Power of Attorney papers, Executor papers or any small estate form, please submit the documentation as it may expedite the release of medical records.)
9. **Assignment of Policy Proceeds Form** (This form is **only** required if the beneficiary intends to assign full or partial proceeds to any individual, cemetery, funeral home, or other corporation)
10. **Form W-9** completed by the party to which proceeds are being assigned (Applicable **only** if proceeds are or will be assigned to any individual, cemetery, funeral home, or other corporation)