aetna®

Proof of Death

Group Life Insurance and Group Accidental Death Benefit Request
(Filing instructions on reverse side)

Please fax or mail this claim to:
Aetna Life Insurance Company
PO Box 14549
Lexington, KY 40512-4549
FAX: 1-800-238-6239

A. Information About the Deceased

Deceased's Name (Last, First, Middle Initial)			If deceased is known by any other name, provide Name (Last, First, Middle Initial)		
Relationship to Employee	Social Security Number	Birthdate (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)	Age	Gender ☐ Male ☐ Female
Last Residence: Street			City	State	ZIP

B. Information About the Employee

Employee's Name (Last, First, Middle Initial)		Social Security Number		Birthdate (MM/DD/YYYY)
Last Residence: Street		City	State	ZIP
Date Employed (MM/DD/YYYY)	Work Location Name/Number	Occupation/Class		☐ Hourly ☐ Salary
Date Last Worked (MM/DD/YYYY)	Reason employee did not return to work after last day worked.			

C. Information About the Employee's Coverage

Employer's Name		Representative's / Contact's Name / Email Address		
Street Address		City	State	ZIP
Telephone Number	Was an Accelerated Death Benefit, Accidental Dismemberment or Enhancement benefit such as Coma, Traumatic Brain Injury, Surgical Reattachment, Third Degree Burn, Children's Double Indemnity Benefit claim submitted prior to death? ☐ No ☐ Yes			
Fax Number	Was waiver of premium claim submitted prior to death? ☐ No ☐ Yes			

Coverages for which benefits are in effect and being claimed

Group Coverage	Control	Suffix	Account	Plan	Effective date of employee's insurance (MM/DD/YYYY)	Amount of insurance in force as of the date last worked
☐ Basic Life					/ /	
☐					/ /	
☐ Supplemental Life					/ /	
☐					/ /	
☐ Dependent Life					/ /	
☐ Accidental Death					/ /	
☐ Group Accident					/ /	
☐ Paid-up Life					/ /	
☐ Group Universal Life					/ /	
☐					/ /	

If insurance is based on earnings, basic rate of earnings on date last worked or frozen salary.
$ _____ per ☐ Hour ☐ Week, give number of hours worked per week _____ ☐ Month ☐ Year

If insurance is based on other earnings, identify type (i.e., commission, bonus, etc.) and amount. Type _____ $_____	Date of Last Salary Increase (MM/DD/YYYY)	Has amount of insurance increased (other than salary) within the last two years? ☐ No ☐ Yes If Yes, give date (MM/DD/YYYY) _____

Did the insured change his contributory coverage elections on the Aetna plan effective date?
☐ No ☐ Yes

Was employee required to submit evidence of insurability to secure current coverage? ☐ No ☐ Yes	Were premiums paid through the date of death for this insured? ☐ No ☐ Yes	If insurance is not in effect, give date discontinued (MM/DD/YYYY)

Has the deceased converted his group insurance? ☐ No ☐ Yes If Yes, give Policy Number _____	Did the deceased have an Aetna long term care policy? ☐ No ☐ Yes If Yes, give Policy Number _____

Deceased Information

Name (Last, First, Middle Initial)
Social Security Number

D. Information About The Beneficiary(ies)

	1.	2.	3.
Name			
Street			
City			
State/ZIP			
Social Security Number			
Relationship to Employee			
Birthdate (MM/DD/YYYY)			
Telephone Number:			
Home			
Work			

Has benefit/ownership been assigned?	If Yes, to whom? (send copy of assignment)	Assignee's Social Security Number
☐ No ☐ Yes		

E. Benefit Distribution Instructions

Return the benefit payment directly to:

☐ Beneficiary ☐ Employer (Checkbook to Beneficiary Only) ☐ Other _____

Employer's Claim Submission Checklist

☐ Proof of Death Claim Form

☐ Insured's certified death certificate *(stating the cause of death)*

☐ Original and all the change of beneficiary designation forms

☐ Enrollment forms or screen prints confirming *contributory* coverage elections for the current and prior two years' annual enrollment periods. If Aetna's plan effective date is 3 years or less, include current and most recent prior carrier enrollment cards.

☐ Please check if there was a family status change (marriage, birth, adoption) and include the family status change date:
_____/_____/_____

☐ Did you check the Yes or No box on the question "Were premiums paid through the date of death for this insured?"

If the beneficiary is a minor child, provide:

- ☐ A copy of the birth certificate & Social Security Number
- ☐ Letters of Guardianship or Conservatorship of the estate of the minor child or
- ☐ A completed Uniform Transfers to Minors Affidavit, if applicable

If the beneficiary is the insured's estate, provide:

- ☐ The letters of administration or letters testamentary (Court Papers naming the Administrator or Executor of the Estate)

If the beneficiary is a trust, provide:

- ☐ Copies of trust and letter of acceptance from the trustee with the Trust ID number

If the designated beneficiary has died, provide:

- ☐ A copy of the beneficiary's death certificate

If no beneficiary was named or no beneficiary survives the insured and your policy provides for payment to next in line family member(s), submit:

- ☐ A notarized Aetna Affidavit of Sole Survivors completed by a family representative or

If no beneficiary was named or no beneficiary survives the insured and your policy provides for payment to the Estate, provide:

- ☐ The letters of administration or letters testamentary (Court Papers naming the Administrator or Executor of the Estate)

If Accidental Death benefits are being claimed, provide:

- ☐ police/accident report
- ☐ autopsy report
- ☐ toxicology report (not necessary if the deceased was a passenger in a motor vehicle accident)
- ☐ any available newspaper articles concerning the accident, if available

- Complete the deceased name on the top of Page 2 before the Life insurance claim is faxed to our office at **1-800-238-6239** or **1-800-AetnaFx**. It is not necessary to follow-up with the original documents.

  If you have additional questions on the submission of this claim, please contact our office at **1-800-523-5065**.

Deceased Information

Name (Last, First, Middle Initial)
Social Security Number

F. Employer's Authorized Representative

Any person who knowingly and with intent to injure, defraud or deceive 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.
Attention 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. **Attention Arkansas, District of Columbia, Rhode Island and West Virginia 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. **Attention California Residents**: For your protection, California law requires notice of 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. **Attention Colorado Residents**: 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. **Attention 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. **Attention Kansas and Missouri Residents**: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention 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 and may subject such person to criminal and civil penalties. **Attention Louisiana 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 is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents**: 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 or denial of insurance benefits. **Attention 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. **Attention New Jersey Residents**: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention New York Residents, the following statement applies only to your AD&D coverage**: 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Attention North Carolina Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Ohio Residents**: Any person who, with intent to defraud or knowing 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. **Attention Oklahoma Residents**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Oregon Residents**: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Pennsylvania 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 subjects such person to criminal and civil penalties. **Attention Puerto Rico Residents**: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Texas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Attention Vermont Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties. **Attention Washington Residents**: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Name _____ Signature _____

Date (MM/DD/YYYY) _____ at (City, State, ZIP) _____