Security When You Need It Most

Anthem Life

Anthem Life would like to extend our deepest sympathy to you and your family for your recent loss. We realize that words alone will not comfort you during this difficult time. That is why we will do our utmost to assure that your dealings with us are professional, timely and handled with care and understanding.

We are committed to serving the needs of our members and their beneficiaries. That's why policy proceeds of $10,000 or more are paid through our Access Advantage program — at no cost to you. Your account will pay a competitive interest rate and provide free check-writing privileges.

With your proceeds completely safe, fully guaranteed and earning competitive interest rates, you will have the time you need to decide what is best for your long-term security. You may withdraw the entire amount with one check or, since there are no monthly fees, you may opt to keep the account open for days, months or even years.

We will forward your checkbook and other information as soon as your claim is approved. You will also begin receiving monthly statements showing your account activity. Please take a moment to read the step-by-step instructions on the right before filling out the attached Claimant's Statement. Then give the form to your benefit representative.

Please know that we are here to provide you with the flexibility and security you need during this difficult time.

Respectfully yours,

Anthem Life Insurance Company

Interest is compounded daily at a rate guaranteed by Anthem Life to match or exceed a leading national index of bank money market accounts. Access Advantage checks are subject to the current rules and regulations of State Street Bank and Trust Company in Boston, MA.

Completing your claim form

Questions 1-8: This information about the deceased is necessary for identification purposes.

Questions 9-10: Please sign and date this section as you would sign a check. This signature may be used in the future to verify your signature or account instructions. You will also be certifying that your social security number (or other taxpayer identification number) and withholding status are correct.

Questions 11-16: This information helps us quickly make payment to you.

- ***Social security number:*** Though life insurance benefits are generally not subject to income tax, the interest you earn is taxable. That's why we need your social security or other taxpayer identification number. If you leave it blank, the Federal government requires us to withhold a portion of the interest. If you are applying for a social security number, simply write "applied for" in the appropriate space.
- ***Claims by an estate or assignee:*** If the claim is being filed by an executor or administrator, he or she must sign the claimant's statement. Be sure to use the estate's taxpayer identification number. If you have assigned all or a portion of the benefit to a funeral home, please include a copy of the assignment. If the proceeds have been assigned to a bank or other financial institution as collateral, an authorized representative of that institution must sign.
- ***If the beneficiary is a minor:*** If there is a legal guardian or conservator for the property or estate of the minor, he or she should list the minor's social security number and sign the statement. Please submit a certified copy of the papers appointing guardianship. If no appointment has been made, we will contact you for further information.
- ***Multiple beneficiaries:*** If there is more than one beneficiary, please photocopy the statement or contact us for additional copies.

Life and disability products are underwritten by Anthem Life Insurance Company.

Statement of Death
Group Claim Form

By furnishing this form and investigating the claim, Anthem Life shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.

Anthem Life

Anthem Life Insurance Company
Claims Center
P.O. Box 105448
Atlanta, GA 30348-5448
800-552-2137 ♦ 404-682-9255 fax

CLAIMANT'S STATEMENT

1. Name of Deceased		2. Is Deceased the ☐ Primary Insured or ☐ A Dependent?
3. Name of Primary Insured *(if not the deceased)*		4. Primary Insured's Social Security Number
5. Deceased's Date of Birth	6. Date of Death	7. Exact Date the Primary Insured Last Worked
8. If not actively at work on the date of death, give reason why Primary Insured was not working:		

IMPORTANT - CLAIMANT, PLEASE READ, DATE AND SIGN BELOW

I certify that the above statements are true, complete and correct to the best of my knowledge. I authorize any Hospital, Physician, Pharmacy, Insurance Company, Employer, Consumer Reporting Agency or Organization to furnish Anthem Life, or its representative, any information, medical and non-medical, including, but not limited to information with respect to any illness or accident, medical history or copies of hospital, medical, personnel or credit records. A photocopy of this authorization shall be considered as valid as the original.

I further certify, under penalty of perjury, that the Social Security Number (or Taxpayer Identification Number) and Claimant's Backup Withholding status information below are correct. I understand that Anthem Life makes payment of proceeds of $10,000 or more by sending me a checkbook that accesses an interest bearing account, unless I notify Anthem Life to do otherwise. I also understand that my signature may be used for signature verification purposes.

9. Signature of Beneficiary	10. Date	11. Telephone Number ( )
12. Type or print Name of Beneficiary	13. Date of Birth	14. Your Relationship to Deceased
15. Social Security Number *(for estate, trust, etc., give EIN)*	BACKUP WITHHOLDING STATUS: I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or I am exempt. ***Cross out this statement if you have been so notified.***	
16. Beneficiary's complete address *Street or Box*	*City*	*State* *Zip*

The laws of some states require us to provide you with the following information:

Any person knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is guilty of a felony, and may be subject to imprisonment, fines, and civil damages.

California: 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.

Colorado: **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.**

Florida: 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.

Kentucky: 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 act, which is a crime.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: 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 violation.

Pennsylvania: 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.

Employer: Please complete reverse side of form in full.

EMPLOYER'S STATEMENT

To expedite processing, be sure you have completed the following steps:

1. **Review** form to ensure that all questions have been answered completely.
2. **Attach** *certified* copy of death certificate. Submit the version indicating the cause of death, if available in your state. If the cause of death is pending or incomplete, also attach a *certified* copy of the *supplementary* or amended death certificate with the cause. (The certified death certificate cannot be returned.)
3. **Attach** original or copy of employee's enrollment card or application and any beneficiary changes. (If this cannot be located, indicate so in the remarks area of box 16 below.)
4. If claim is being made for Accidental Death Benefit, attach any available newspaper articles regarding the incident and the police or coroner's report, whichever is most appropriate. (We may require other information depending upon the circumstances of death.)
5. If any beneficiary is deceased, attach a *certified* copy of the death certificate for the beneficiary.
6. **Send** all items to: Anthem Life, Claims Center, P.O. Box 105448, Atlanta, GA 30348-5448.

1. Name of Employer

2. Account or Group Number	3. Multi-bill code or Division Number	4. Life Insurance Class Code

5. Name of Employee	6. Is Deceased the ☐ Primary Insured or ☐ A Dependent?

7. Address of Employee *Street or Box* *City* *State* *Zip*

8. Date Employed	9. Base Annual Salary	10. Occupation or Job Title	11. Was death due to an occupational accident? ☐ Yes ☐ No
12. Date to which premiums are paid for Employee:	13. Date on which Employee last worked full-time:	14. Reason for absence between date last worked and date of death, if any:	15. Was claim for total disability submitted prior to death? ☐ Yes ☐ No

16. Do you recommend payment of this claim? ☐ Yes ☐ No Remarks:

17. Basic life or dependent life amount being claimed:	18. Accidental death amount being claimed:	19. Supplemental amount being claimed:

20. Beneficiary Information Name of Each Beneficiary	Social Security No. or Taxpayer ID	Relationship to Employee	Age, if under 18	Address

21. Unless otherwise instructed, claim payments not paid through Anthem Access Advantage will be mailed directly to the payee. *(A copy will always be mailed to the group.)* Other Mailing Instructions:

22. Signature of Employer's Representative	23. Date	24. Telephone Number ( )
25. Type or Print *Name and Title* of Employer's Representative		26. Fax Number ( )

27. Employer's complete address *Street or Box* *City* *State* *Zip*