



AFFIDAVIT OF SURVIVORSHIP
PLEASE PRINT

Please submit this form to:
GROUP LIFE CLAIM DEPARTMENT
The Union Labor Life Insurance Company
8403 Colesville Road • Silver Spring, MD 20910
Phone: (202) 682-6768 • Fax: (202) 962-2939
Toll-free: (866) 795-0680

INSTRUCTIONS

This affidavit is to be completed when there is no beneficiary designated by the insured or surviving at the death of the insured. It is to be completed by all of the members of the first class, in descending order, in which there is at least one surviving member.

Classes of Successive Preference Beneficiaries

1. Surviving Spouse
2. Surviving Children
3. Surviving Parents
4. Surviving Brothers and Sisters
5. Executors or Administrators

Any class other than that whose members are completing the affidavit, in which there are surviving members, should be stricken from the final paragraph of the affidavit.

TO BE COMPLETED WHEN THERE IS NO BENEFICIARY DESIGNATED OR SURVIVING UPON THE DEATH OF THE INSURED

State of: _____ County of: _____

Full name: _____ SSN: _____, being duly sworn states:

Full name: _____ SSN: _____, being duly sworn states:

Check one: I am the nearest sole surviving relative of the deceased listed below

We are the nearest surviving relatives of the deceased listed below

_____, who was insured by Certificate No. _____
Name of Decedent

issued under Group Policy No. _____, by The Union Labor Life Insurance Company.

At the time of death the decedent, _____ was survived by no spouse, no child or children, no parent or parents, and no brothers or sisters other than the person(s) named in this affidavit.

Signature: X _____ Relationship: _____ Date of birth: _____

Signature: X _____ Relationship: _____ Date of birth: _____

Sworn to me on this _____ day of _____, 20 _____

Signature of Notary Public: X _____

PLEASE COMPLETE ALL PAGES



SOLUTIONS FOR THE UNION WORKPLACE

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FRAUD NOTICE:

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Louisiana: 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.

Maryland: 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 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 such 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.

Rhode Island: 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.

Washington: 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.

For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.

I attest that I have reviewed, understand and acknowledge the fraud warning(s).

Claimant's signature: X _____ Date: _____

PLEASE COMPLETE ALL PAGES

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