



**FILING DEATH CLAIMS,
ACCIDENTAL DEATH CLAIMS,
PROOF OF LOSS AND
EXTENDED LIFE CLAIMS**

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

Please read carefully to avoid any unnecessary delay in the processing of a claim for payment

Death Claims

1. In the event of death, a Notification of Death (Form No. LHFM-ULL-1138) should be submitted to the Company.
2. As soon as possible thereafter there should be submitted to the Company a Proof of Death (Form No. LHFM-ULL-1139) properly certified by a representative of the policyholder together with a certified copy of the Certificate of Death and the insurance certificate. In the event the insurance certificate is not available, we must be furnished with the enrollment card of the insured.
3. Before submitting the claim forms to the company, be sure that all the parties have properly answered each question and that the Proof of Death claim form includes the signature of each person called for (a printed name will be unacceptable).
4. If there is more than one beneficiary, each beneficiary should sign the "Proof of Death" and give their date of birth and social security number. Additional space is provided on the reverse side of this form.
5. If a minor has been designated as beneficiary, a certified copy (a reproduction is unacceptable) of the court papers designating a guardian to whom the proceeds should be paid must be furnished to the Company. The appointed guardian should then sign the Proof of Death claim form.
6. If the "Estate" is the beneficiary, a certified copy of the court document designating the Administrator or Executor to whom the proceeds would be paid must be submitted. The court appointed Administrator or Executor must also sign the Proof of Death claim form.
7. If any designated beneficiary should predecease the insured, then a certified copy of the certificate of death of such beneficiary should also be submitted.
8. Under the terms of the Facility of Payment provision as incorporated in the group policy, the Company may at its option pay the amount indicated in the policy to any person who has incurred expenses in connection with the funeral and the interment expenses on behalf of the deceased member. Such payment by our Company must be supported by a paid receipt or unpaid bill. If the bills are unpaid, we will issue a check to the creditor up to the maximum as provided for in the group policy. The person or institution initiating a claim for reimbursement must also submit the customary Proof of Death claim form.
9. Under the Successive Preference Beneficiary provision, if no beneficiary has been designated or has predeceased the insured, then the benefit is payable to the highest class of surviving reference beneficiaries in accordance with the following classes: (in descending order).
 - A) Wife or husband, if none living to
 - B) All children on a share and share alike basis and if none living to
 - C) Parents, if none living, otherwise
 - D) Equally to all brothers and sisters, if none living, to
 - E) Administrator or executor of the estate of the deceased member.

Note: An Affidavit of Survivorship provided by the Company must be completed by the highest class of surviving beneficiaries.

10. If the designated beneficiary dies after the member, the benefit is payable to the estate of the beneficiary. In conjunction with the presentation of the certificate of death of the deceased beneficiary the Company must also be furnished with the Letters of Administration if the proceeds are to be paid to the estate of the beneficiary.

Accidental Death Claims

If the death of the insured occurs within ninety (90) days from the date of an accident and death was due directly to such accident, a claim for Accidental Death Benefits should be filed in the following manner:

1. Submit to the Company, as is reasonably possible Proof of Death (Form No. LHFM-ULL-1139) together with a certification of death and the insurance certificate or in lieu thereof the enrollment card of the member.
2. Items 2,3,4,5,6,7,9,10 under "Death Claims" are also applicable to claims for Accidental Death Benefits.
3. Written notice of claim must be given within ninety (90) days after the date of the loss; however, failure to give notice within the time required by the policy shall not invalidate or reduce any claim if it can be shown not to have been reasonably possible to give such notice within the required time and that notice was given as was reasonably possible.

Proof of Loss

If it appears that the insured may be eligible for a Proof of Loss claim, submit to the Company a statement of claim (Form No. LHFM-ULL-1143a) properly and fully completed by all parties.

Note: Submit the completed Death, Accidental Death and Accidental Dismemberment claims with the appropriate forms to the home office of the Company for payment.

Extended Death Benefit

If the insured becomes totally and permanently disabled prior to age sixty (60), he may be eligible for the continuation of his life insurance under the Group Policy and without further premium payments being made to the Company. Final approval of this benefit is reserved to the Home Office.

To be considered for this benefit, the following procedures must be followed:

1. An application for the Total and Permanent Disability (Form No. LHFM-ULL-1141) must be submitted to the Company within one year following the date of termination of the member's group insurance or after the expiration of nine months (following the onset of disability), whichever is sooner.
2. All questions must be properly answered by all parties called for and submitted to the Home Office of the Company for review.
3. If the death of the insured occurs while he is protected under this benefit then Items 1 and 2 listed under the heading of "Death Claims" should be followed.