



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

