

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 182361
Columbus, OH 43218-2361
800-813-5682 • 614-433-8861 fax

CLAIMANT'S STATEMENT

1. Name of Deceased		2. Is Deceased the <input type="checkbox"/> Primary Insured or <input type="checkbox"/> 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			
<p>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.</p> <p>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.</p>			
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. <i>Cross out this statement if you have been so notified.</i>	
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'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 182361, Columbus, OH 43218-2361.

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 <input type="checkbox"/> Primary Insured or <input type="checkbox"/> A Dependent?	
7. Address of Employee <i>Street or Box</i> <i>City</i> <i>State</i> <i>Zip</i>				
8. Date Employed	9. Base Annual Salary	10. Occupation or Job Title		11. Was death due to an occupational accident? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you recommend payment of this claim? <input type="checkbox"/> Yes <input type="checkbox"/> 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. (<i>A copy will always be mailed to the group.</i>) Other Mailing Instructions:				
22. Signature of Employer's Representative			23. Date	24. Telephone Number ()
25. Type or Print <i>Name and Title</i> of Employer's Representative				26. Fax Number ()
27. Employer's complete address <i>Street or Box</i> <i>City</i> <i>State</i> <i>Zip</i>				



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 all your dealings with us are handled professionally, in a timely manner, and with care and understanding.

At Anthem Life we are committed to serving the needs of our insureds and their beneficiaries. To better serve the needs of most beneficiaries, policy proceeds of \$10,000 or more are paid through our Access Advantage program. Your personal Access Advantage account will pay you a competitive interest rate and provide free check writing privileges. This improved method of payment is provided without cost to you, as an additional benefit under the life insurance policy.

With your proceeds completely safe, fully guaranteed and earning competitive interest rates, you'll have time to decide what is best for your long-term security. You may maintain your Access Advantage account as long as you wish – a day, weeks, months or years. Each month you will receive an easy to understand statement showing your account balance, accumulated interest and the current interest rate. We will be forwarding your checkbook and complete details as soon as your claim is approved. You will have immediate access to all or any portion of your proceeds simply by writing a check.

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

Respectfully yours,

Anthem Life

Anthem Access Advantage

Life Claims Paid Through Anthem Access Advantage

Individuals receiving proceeds of \$10,000 or more will have immediate access to your funds, through Anthem Access Advantage. Access Advantage will give you immediate access to all or any part of your proceeds, simply by writing a check. You may write as many checks as you wish, from \$250 up to the full amount in your account.

Complete Safety

All proceeds are fully guaranteed by Anthem Life for as long as they remain in your Access Advantage account.

Competitive Interest Rates

Anthem Life guarantees that interest rates on your Access Advantage account will always be equal to or higher than a leading index of bank money market rates. The rate you earn will be updated weekly and interest is compounded daily. Your money will always be safe and secure, earning a competitive interest rate and available to you.

Immediate Access

You will receive a supply of free, personalized checks and an Account Certificate detailing the amount paid to you, the current interest rate and all the account details. This will be mailed in the same timeframe that a single check would have been sent. Instead of waiting for a large, single check to clear, your funds are **immediately available**, simply by writing a check. And, you may write as many checks as you want each month. There are no account maintenance fees and no charge for checks. Each month you will receive a statement detailing your account balance, all checks written, the interest credited to your account and the currently effective annual percentage yield.

Time to Decide

Most beneficiaries are facing many important decisions at a very difficult time. They want time so that they do not place their insurance proceeds at risk or make investments that they later regret. That's why we created Anthem Access Advantage. It keeps your money safe and secure and continually earning interest at competitive rates, giving you time to decide.

You'll have the advantage of personal service from specially trained Service Representatives for your Anthem Access Advantage account. They are available every business day through a special toll free number.



How To Complete The Claimant's Statement

Please read this page before you fill out the Claimant's Statement. The Group Policyholder will generally begin gathering information for your claim as soon as it learns of the death. To complete processing of your claim, we must have a certified copy of the death certificate, and a completed Claimant's Statement from each beneficiary.

Questions 1-8: Information about the Insured (the Deceased)

This information is necessary for purposes of identification. Other items needed are listed at the bottom of the Employer's Statement.

Questions 9-10: Signature of Claimant

Please sign and date the Claimant's Statement in the same manner as you would sign checks. Your signature may be used to verify your Anthem Access Advantage account or instructions you give us in the future. You will also be certifying, under penalties of perjury, that your Social Security Number (or other taxpayer identification number) and backup withholding status is correct.

Questions 11-16: Claimant Information

This information enables us to expedite payment to you. Your telephone number helps us contact you quickly if any required information has been omitted.

Social Security Number

In nearly all cases, life insurance benefits are not subject to income tax. However, because you will be earning taxable interest through the Access Advantage account, we are required by the Federal government to obtain your Social Security Number or other Taxpayer Identification Number. If you fail to supply us with your Social Security or other Taxpayer Identification Number, the Federal government requires us to withhold a portion of any interest we would otherwise pay you, as a deposit against income taxes that may be due on the interest. If you are applying for a Social Security Number or Taxpayer Identification Number, please write "applied for" in the appropriate space.

Some persons have been notified by the Internal Revenue Service that they are subject to "backup withholding" because in the past they did not report all their interest or dividends. If you have been so notified, and the Internal Revenue Service has not written to you telling you that you are no longer subject to backup withholding, you must cross out the statement next to your Social Security or Taxpayer Identification Number.

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 ID Number.

If you have assigned all or any portion of the benefit to a funeral home for final expenses, please include a copy of that assignment.

If the policy proceeds have been assigned to a bank or other financial institution as collateral, the Claimant's Statement must be signed by an authorized representative of that institution.

If the Beneficiary is a Minor

If there is a legal guardian or conservator for the property or estate of the minor, the guardian or conservator should list the minor's Social Security Number and sign the Claimant's Statement. Please submit a certified copy of the papers appointing you the guardian or conservator of the minor's property or estate. If no appointment has been made, we will contact you for further information.

Multiple Beneficiaries

If there is more than one beneficiary, photocopy the Claimant's Statement for the additional beneficiaries, or call us for more copies.

Additional Information

We regret that payments of claims under \$10,000, or to a corporation or certain other entities, are not eligible for Anthem Access Advantage. Similarly, under some circumstances, we may be obligated to carry out a previously selected method of paying your claim; if that is the case we will give you full details.

This Statement of Death form may have been sent before Anthem Life has determined whether any insurance was in force at the time of death, whether any proceeds are payable and to whom any proceeds are payable. Anthem Life retains its rights to make these determinations.

Any questions concerning this claim should be forwarded to the address below.

Anthem[®]Life

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