



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 ▪ Frankfort, KY 40602-0717 ▪ Phone: 800.422.2011, ext. 6502
Benefit Payments Fax: 502.223.6575 E-mail: claims@ihlic.com ▪ www.investorsheritage.com

GROUP LIFE - BENEFIT PAYMENTS CLAIMANT STATEMENT

GROUP POLICY INFORMATION

Group Policyholder's Name

Group Policy Number

MEMBER INFORMATION

Name (First, Middle Initial, Last)

Member ID Number

SECTION A: Complete this section if deceased is the Member

Date of
Death

Month Day Year

Cause of Death:

SECTION B: Complete this section if deceased is a Dependent

Name (First, Middle Initial, Last)

The deceased is insured as: Spouse Child

Date of
Death

Month Day Year

Cause of Death:

Social Security Number/TIN Number

Date of
Birth

Month Day Year

Dependent's marital status:

Single

Married

Divorced

Legally separated

SECTION C: Complete this section if you are the Beneficiary/Claimant

Name (First, Middle Initial, Last)

Relationship to Deceased

Male

Female

Birth
Date

Month Day Year

Primary Mailing Address

City

State

Zip Code

Social Security Number/TIN Number

E-mail Address

Phone # w/ area code

Home Work

Mobile

Is Beneficiary a U.S. citizen? Yes No If "No", the appropriate IRS Form W-8 will be required.

IMPORTANT TAX INFORMATION

The Federal income tax laws require us to request that you provide us with your correct Social Security Number or Taxpayer Identification Number.

Please read and complete the following information in order to comply with the Federal income tax laws.

Certification : Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security/Taxpayer Identification number (or I am waiting for number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

NOTE: Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary/Claimant

Date Signed

City and State where signed

Please review information and follow instructions in "Beneficiary/Claimant Instructions" on the reverse side of this form.

BENEFICIARY/CLAIMANT INSTRUCTIONS

In all cases: Submit the completed Benefit Payments Statement with a certified copy of the death certificate.

If there is more than one living primary beneficiary:

Each primary beneficiary must complete a Benefit Payment Statement.

If one or more primary beneficiary(ies) has predeceased the deceased Member:

Submit a certified copy of the death certificate for any named beneficiary who predeceased the Member. If no primary beneficiary is living, the contingent beneficiary(ies) would complete a Benefit Payment Statement.

If the Member did not name a beneficiary or the beneficiary is the estate:

Payment of benefits will be made to the executor/administrator of the estate. The executor/administrator is appointed by the probate court and is responsible for managing the insured's estate. Please note that a person named as the executor/administrator in the Member's last will and testament must be appointed by the court before payment can be made.

The executor/administrator of the estate should provide a certified copy of the Letters of Testamentary or Letters of Administration issued by the probate court. The estate Tax Identification number, (not Social Security number) is required on the Benefit Payments Statement.

If the beneficiary is a minor:

In order to receive payment of life insurance proceeds, a beneficiary must be of age of majority, as determined by the state where the beneficiary resides. In most states, the age of majority is considered to be 18 years of age.

If the beneficiary is under the age of majority, then the parent or guardian of the minor beneficiary should complete, sign and submit the form and required documents.

If applicable, payment will be made to a court appointed guardian of the minor's estate. A guardian is appointed by the court and is responsible for managing the minor's estate. A copy of the Letters of Guardianship of the minor's estate must be forwarded to our office.

If the beneficiary is a trust:

When a trust or trust agreement is designated as the beneficiary, a copy of the following pages of the trust must be provided: Face page of Trust, Trustee or Successor Trustee designation, Signature Page of Trust.

In order to file a claim, provide all required items to:

INVESTORS HERITAGE *Life Insurance Company*

Benefit Payments Department
PO Box 717
Frankfort, KY 40602-0717

If you have questions or need assistance in filing a claim,
contact our Benefit Payments Department at:

Phone: 800.422.2011, ext. 6502
Benefit Payments Fax: 502.223.6575
E-mail: claims@ihlic.com

INVESTORS HERITAGE *Life Insurance Company*

For your protection, the following disclosures are required by state law and are based on the state where you live:

If you live in the states of Alaska or Oregon, the following statement applies to you:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a claim containing a false, incomplete, or misleading information may be prosecuted under state law.

If you live in the states of Arizona or New Jersey, the following statement applies to you:

A person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

If you live in the states of Arkansas, Louisiana, Maryland, or Rhode Island, the following statement applies to you:

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.

If you live in the state of California, the following statement applies to you:

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.

If you live in Colorado, the following statement applies to you:

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.

If you live in Delaware, Florida, Idaho, Indiana or Oklahoma, the following statement applies to you:

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, misleading information is guilty of a felony. In Florida, it is a felony of the third degree.

If you live in the District of Columbia, Tennessee or Virginia the following statement applies to you:

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.

If you live in New Hampshire, the following statement applies to you:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

If you live in New York, the following statement applies to you:

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 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.

If you live in Minnesota, the following statement applies to you:

A person who files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

If you live in Texas, the following statement applies to you:

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.

If you live in a state other than mentioned above, the following statement applies to you:

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.