

Life Insurance Death Claim Proof of Loss

Policy & Deceased Information

Policy Number

Insured's Full Name

Date of Birth

Date of Death

Place of Death (City, State)

Claimant Information

Claimant Name

Relationship to Deceased

Mailing Address

Phone Number

Email Address

Cause of Death

Please describe the cause of death

Supporting Documentation

List documents submitted (e.g., Death Certificate, ID, etc.):

Declaration & Signature

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Claimant's Signature

Date