

For Claims Customer Service:

Phone: (877) 201-9373 x45750

For Claims Submission:

Fax: (508) 853-0310 **Email:** LifeClaimsVB@trustmarkbenefits.com

Mail: P.O. Box 2906 Clinton, IA 52733

Claim Submission Instructions and Supporting Documentation

Please ensure you complete every question on this claim form. Please note claim forms and all required supporting documents should be filed within 30 days of death claim notification. Please note incomplete or illegible answers may result in a delay in processing benefits.

Please keep a copy of all parts of this form and any supporting documentation for your records.

The following information must be supplied:

- **A Certified copy of the Death Certificate** - Death Certificate should indicate the manner and cause of death
- **Statement of Beneficiary** – *To be completed by one person to whom the benefits are payable.*
 - **If more than one beneficiary** – all may join in one statement or a separate form will be furnished for each if desired.
 - **If beneficiary is estate, executor(s) or administrator(s)** – the statement should be completed by the executor or administrator, a certified copy of whose appointment and qualifications must be furnished.
 - **If beneficiary is minor or a mentally incompetent person** – should be completed by the guardian with proof of financial guardianship provided. If payable to a minor, a copy of the minor's birth certificate and Social Security card must be supplied.
 - **If there is an assignment** – such as the certificate/policy benefits have been assigned to a funeral home or funding company, enclose a notarized copy of the assignment.
 - **If beneficiary is a Trust** – information should be completed on behalf of the Trust by the designated Trustee(s). If any Trust fails to make claim for the policy proceeds within 12 months after the Company is notified of the insured's death, or if the company receives satisfactory evidence that the Trust is not in effect, payment will be made as if the Trust was not named as Beneficiary. Please provide a complete copy of the Declaration of Trust.
 - **If cause of death is not from natural causes** – If the cause of death is due to an accident, suicide, overdose, or homicide, please enclose a copy of any policy report, accident report, autopsy report, or toxicology report.
- **E-Sign Disclosure and Consent Notice** – *This section of the claim form is not required but completing it will provide better and faster communication with you or anyone you designate. Complete if you would like claim communication by text or email, including text alerts for payments released. It should be completed by each Beneficiary, Executor and/or Administrator who would like to receive communication. If not completed, please note default communication will be written and sent via USPS.*
- **State Required Fraud Language** – These sections of the claim form provide important information about your rights and the laws in each state.
- **Ex-Spouse of Insured – Divorce information if Ex-Spouse is Beneficiary**– Under certain circumstances, state law provides for automatic revocation of spouse as beneficiary upon divorce. Copies of the Petition for Divorce, any property settlement agreements, and the final Divorce Decree must be submitted if the ex-spouse is named as beneficiary.

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Statement by Beneficiary – Insured’s Information

Decedent's Full Name: _____ Policy/Certificate #: _____

Decedent's DOB: _____ Spouse's Full Name: _____

Decedent's Address:

Street

City

State

Zip Code

Marital status at time of death:

Single Married Domestic Partner Widowed Divorced (If divorced, provide dissolution paperwork).

Date of death: _____ Place of death: _____

Cause of death: _____

Beneficiary's Full Name: _____ DOB: _____

Social Security #: _____ Phone#: _____

Email: _____

Relationship to Insured:

Spouse Domestic Partner Child Parent Other _____

Fraud Warning: For your protection, New York law requires the following to appear on this claim form:

Any person who knowingly and with intent to defraud any insurance company or other person files any 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. In New York, civil penalty shall not exceed five thousand dollars and the stated value of the claim for each such violation.

I have read and understand the fraud notice listed above and on the **State Required Fraud Language** page of this form. The above statements are true and complete to the best of my knowledge and belief.

Beneficiary's Signature: _____ Date: _____

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E-Sign Disclosure and Consent Notice

This E-Sign Disclosure and Consent Notice ("Notice") applies to all communications, as defined below, for services provided by Trustmark Companies and our affiliates ("Trustmark" or "We"). Under this Notice, communications you receive in electronic form from us will be considered "in writing."

By using Trustmark electronic and online services ("Electronic Services"), you acknowledge that your electronic signature is legally binding and shall be treated as a valid signature for all purposes.

In addition, by using Trustmark Electronic Services you consent to the entirety of this Notice and affirm that you have access to the hardware and software requirements identified below. You must review and accept the terms of these services. If you choose not to consent to this Notice or you withdraw your consent, you will be restricted from using Electronic Services.

PREFERRED METHOD OF COMMUNICATION

Text Messages and Email - Please provide cell phone #: (____) - _____ - _____

Email Only - Please confirm email address: _____@_____

You should be aware that electronic communication is not secure unless it is encrypted. We strongly encourage you to use encrypted communication when sending sensitive and/or confidential information. By sending sensitive or confidential electronic messages that are not encrypted, you accept the risks of such lack of security and possible lack of confidentiality. If you elect to communicate from your workplace computer, you should also be aware that your employer and its agents, have access to electronic communication between you and us.

You understand that by selecting text messaging, regular text messaging rates may apply for any texts I receive from Trustmark and I assume responsibility for any costs associated with these text messages. This consent shall remain in effect unless revoked by notifying Trustmark.

COVERED COMMUNICATIONS

Includes, but is not limited to disclosures or communications we provide to you regarding our services such as: (i) claim submissions, third party authorizations, overpayment authorizations, fraud notices, terms and conditions, privacy statements or notices and any changes thereto; and (ii) customer service communications (such as claims of error communications) ("Communications").

METHODS OF PROVIDING COMMUNICATIONS

We may provide Communications to you by email or by making them accessible on the Trustmark websites, mobile applications, or mobile websites (including via "hyperlinks" provided online and in e-mails). Communications will be provided online and viewable using browser software or PDF files.

HARDWARE AND SOFTWARE REQUIREMENTS

To access and retain electronic Communications, you must have:

- A valid email address;
- A computer, mobile, tablet or similar device with internet access and current browser software and computer software that is capable of receiving, accessing, displaying, and either printing or storing Communications received from us in electronic form;
- Sufficient storage space to save Communications (whether presented online, in e-mails or PDF) or the ability to print Communications.

We may request that you respond to an email to demonstrate you are able to receive these Communications.

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HOW TO WITHDRAW YOUR CONSENT

You may withdraw your consent to receive Communications under this Notice by writing to us at "Attn: E-Sign Disclosure and Consent Notice, P.O. Box 2906, Clinton, IA 52733." Your withdrawal of consent will cancel your agreement to receive electronic Communications, and therefore, your ability to use our Electronic Services.

REQUESTING PAPER COPIES OF ELECTRONIC COMMUNICATIONS

You may request a paper copy of any Communications; we will mail you a copy via U.S. Mail. To request a paper copy, contact us by writing to "Attn: E-Sign Disclosure and Consent Notice", P.O. Box 2906, Clinton, IA 52733. Please provide your current mailing address so we can process this request. Trustmark may charge you a reasonable fee for this service.

UPDATING YOUR CONTACT INFORMATION

It is your responsibility to keep your primary email address current so that Trustmark can communicate with you electronically. You understand and agree that if Trustmark sends you a Communication but you do not receive it because your primary email address on file is incorrect, out of date, blocked by your service provider, or you are otherwise unable to receive electronic Communications, Trustmark will be deemed to have provided the Communication to you; however, we may deem your account inactive. You may not be able to transact using our Online Services until we receive a valid, working primary email address from you.

If you use a spam filter or similar software that blocks or re-routes emails from senders not listed in your email address book, we recommend that you add Trustmark to your email address book so that you can receive Communications by e-mail.

You can update your primary email address or other information by writing to us at "Attn: E-Sign Disclosure and Consent Notice", P.O. Box 2906, Clinton, IA 52733.

FEDERAL LAW

You acknowledge and agree that your consent to electronic Communications is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

TERMINATION/ CHANGES

We reserve the right, in our sole discretion, to discontinue the provision of your Communications, or to terminate or change the terms and conditions on which we provide Communications. We will provide you with notice of any such termination or change as required by law.

Authorization

I can revoke or update this authorization at any time by notifying Trustmark. This authorization is valid for 24 months. I may request a copy of this authorization and a copy is as valid as the original.

Policy Owner or Beneficiary Signature

Date Signed

Printed Name

Daytime Phone Number

Residence Address:

Street

City

State

Zip Code

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State Required Fraud Language

Fraud Statement for the states of Alaska, Delaware, Indiana, Kentucky, Minnesota, Ohio, and Oklahoma, as well as for all States not Specifically Listed: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete or misleading information may be guilty of insurance fraud, which is a crime."

Fraud Statement for the state of Arizona: For your protection, Arizona law requires the following statement on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Fraud Statement for the states of Arkansas, Louisiana, New Mexico, Rhode Island, Texas and West Virginia: 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.

Fraud Statement for the state of California: For your protection, California law requires the following to appear: 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.

Fraud Statement for the state of 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.

Fraud Statement for the District of Columbia, and the states of Maine, Tennessee, Virginia and Washington: 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.

Fraud Statement for the state of 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.

Fraud Statement for the state of Kentucky: A 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 insurance act, which is a crime.

Fraud Statement for the state of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Statement for the state of New Hampshire: Any person who, with a purpose to injure, defraud or deceive an 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.

Fraud Statement for the state of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Fraud Statement for the state of New York: Any person who knowingly and with intent to defraud any insurance company or other person files any 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. In New York, civil penalty shall not exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Statement for the state of Oregon: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing materially false or misleading information may be guilty of insurance fraud.

Fraud Statement for the state of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files any 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.