

1199SEIU National Benefit Fund

Life Insurance Benefit Claimant's Statement

Full Name of Deceased Member: _____

Deceased Member's ID: _____ Date of Death: ____/____/____

Cause of Death: _____

Beneficiary Information:

Full Name of Beneficiary: _____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____
Month Day Year

Relationship to Deceased: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I have I have not (please check one) waived, released, transferred or assigned any right I may have to this benefit, and I make this certification knowing that the Fund will rely upon it in making any payment to me. Please send all mail pertaining to this claim to me at the above address.

Authorized to Release Information

Full Name of Deceased: _____ Date of Birth: ____/____/____
Month Day Year

I authorize any licensed physician, medical practitioner, hospital, clinical or other medical or medically related facility, insurance company, employer, government agency, or other organization, institution, or person having information or records available as to diagnosis, treatment and prognosis of any physical or mental condition or treatment of or afforded to the above-named person to give to The Amalgamated Life Insurance Company or its authorized representative all such medical information.

I authorize any of the above organizations or individuals to permit The Amalgamated Life Insurance Company or its authorized representative to view, copy or obtain copies of records concerning the employment and/or wage data of the above-named person.

I agree that a photographic copy of this Authorization shall be a valid as the original and that this authorization shall be valid for one year from the date of my signature as indicated below.

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 started value of the claim for each such violation.

Signature of Claimant **X** _____

Sworn to before me this _____ day of _____, 20____

Signature of Notary Public **X** _____

Seal
of
Notary

County of _____ State of _____ My Commission Expires ____/____/____
Month Day Year

Email completed form to
Life@1199Funds.org

FRAUD WARNINGS FOR CLAIM FORMS

Arkansas, Louisiana, Massachusetts, New Mexico, Rhode Island and West Virginia Residents: 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.

Maine, Tennessee, Virginia and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Delaware, Florida, Idaho and Indiana Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

Arizona Residents: For your protection Arizona law requires the following statement to appear 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.

California Residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: 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.

District of Columbia Residents: 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.

Florida Residents: 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 Residents: 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 insurance act, which is a crime.

Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

New Hampshire Residents: Any person who, with a purpose to injure 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 N.H. Rev. Stat. Ann. §638.20.

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

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents: 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 that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement 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.

Texas Residents: 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.