



Preneed Claim Form

To be completed by Funeral Director

National Guardian Life Insurance Company (NGL) • Settlers Life Insurance Company
PO Box 1191 • Madison, WI 53701-1191 • Phone 800.988.0826 • Fax 866.228.9450 • www.nglic.com

Policy/Certificate Number _____ Insured Social Security Number _____

Name of Insured _____

Date of Death _____ Insured Date of Birth _____

Cost of Funeral \$ _____

Immediate Cause of Death: Natural Accidental Suicide Homicide

Name of Beneficiary

Name of Funeral Home

Social Security Number

Name of Preferred Contact (If any)

Mailing Address

Phone Number

City State Zip

Mailing Address

City State Zip

Excess Proceeds:
Mail excess benefits (if any):

- Payable to Funeral Home (only if allowed by your State regulations)
- Payable to Beneficiary – mail to funeral home for delivery
- Payable to Beneficiary – mail to beneficiary directly

Send payment to funeral home via:
 Check Electronic Funds Transfer*

*If requesting payment via Electronic Funds Transfer, you must have completed "Request and Authorization to Pay Claims Via Electronic Funds Transfer" (Form #2636).

To the best of my knowledge, I certify that the above information is true and that the funeral goods and services were furnished as contracted for and that the family has authorized payment of the above amount to my funeral home for those services provided. I understand that the Company reserves the right to request the original of the itemized statement of funeral goods and services provided and/or a certified copy of the death certificate before benefits are paid.

Signature of Funeral Director

Date

To Be Completed By Person Legally Responsible For Making The Funeral Arrangements

AUTHORIZATION OF PAYMENT FOR FUNERAL GOODS AND SERVICES

As the person legally responsible for the funeral arrangements of the deceased Insured, I certify that the funeral provider provided the requested funeral goods and services contracted by or on behalf of the Insured, and authorize payment of the above amount to the Funeral Home for the funeral goods and services furnished.

I certify that the above information is true to the best of my knowledge and that I have read the fraud statement printed on the reverse of this form. I certify under penalties of perjury that my Social Security number on the form is correct, I am not subject to backup withholding, and I am a U.S. resident. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding. This policy is exempt from FATCA reporting.

Signature of Person Legally Responsible for Making the Funeral Arrangements

Date

Fraud Warning Statements

For residents of AK, CT, DE, HI, ID, IL, IN, IA, MI, MN, MO, MS, MT, NV, NC, ND, SC, SD, UT, WV, WI, WY: “Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.”

For residents of AL, AR, DC, LA, MA, RI: “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.”

For residents of GA, KS, NE, OR (Bul 98-5), TX, VT: “Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.”

For residents of Arizona: “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.”

For residents of California: “For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.”

For residents 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.”

For residents 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.”

For residents of Kentucky: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

For residents of Maine: “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.”

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

For residents of New Hampshire: “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.”

For residents of New Jersey: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

For residents of New Mexico: “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 civil fines and criminal penalties.”

For residents of Ohio: “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.”

For residents of Oklahoma: “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.”

For residents of 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.”

For residents of Tennessee: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

For residents of Virginia: “Any person who, with the 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 may have violated state law.”

For residents of Washington: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.”