

Proof of Claim- Accidental Death Statement of Beneficiary

MAIL TO:
Administrative Concepts, Inc.
P.O. Box 4000
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BCS
Insurance Company
Oakbrook Terrace, IL

Insured	Policy Number
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Facts concerning deceased

Full name	Social security number
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Address

Date of birth	Place of birth	Date of death
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Occupation	Name of employer
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Employer's address

Beneficiary

Name	Relationship to deceased	Date of birth	Social security number
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Address	Telephone
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Statements regarding the accident

Date of accident	Place of accident
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State specifically how accident happened.

Did the accident occur in the course or during deceased's employment?
Yes No If "Yes", has there been, or will there be, a claim filed for Worker's Compensation? Yes No

Name of worker's compensation carrier

Address

To be completed if death resulted from motor vehicle accident

Type of vehicle	Registered owner	Was the deceased the driver? Yes No
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Use of vehicle: Business Pleasure Business and Pleasure

Name of law enforcement agency investigating accident

Address

To be completed on all claims

Was an inquest held? Yes No If "Yes", complete the following and attach a copy of proceedings and verdict.

Name of court holding hearing

Address

Was an autopsy conducted? Yes No If "Yes", complete the following and attach certified copy of report.

Name of person conducting autopsy

Title

Address

First physician attending deceased after injury

Name	Address
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Other physicians attending deceased after injury

Name	Address

Previous medical history

Was deceased treated for any medical conditions within five years prior to the accident?

 Yes No If "yes", list physician(s) in attendance below

1	Name	Address
	Medical condition	Dates of treatment
2	Name	Address
	Medical condition	Dates of treatment
3	Name	Address
	Medical condition	Dates of treatment

Other insurance on life of deceased

Company name	Address	Amount
Company name	Address	Amount
Company name	Address	Amount
Company name	Address	Amount

I hereby certify that these statements and answers are true and correct to the best of my knowledge and belief.

Signature of beneficiary/claimant	Dated
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Address

I authorize any physician, medical practitioner, hospital, clinic, any other medically-related facility, insurance or reinsuring company, consumer reporting agency, employer, or other entity having information as to the diagnosis, or treatment of any physical or medical condition or treatment or having any nonmedical information pertaining to _____, deceased, to give BCS Insurance Company or its legal representative any and all such information for the purpose of evaluating a claim for benefits.

I understand the information obtained by use of this authorization will be used by BCS Insurance Company to determine eligibility for benefits under certificate number insuring said deceased. Any information obtained will not be released by BCS Insurance Company to any person or organization except to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I may further authorize.

I know that I may request to receive a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I agree this Authorization shall be valid for two years from the date shown below.

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 the following states: *California, Colorado, District of Columbia, Florida, Maine, Maryland, Nevada, New Hampshire, New York, Oregon, Pennsylvania, Tennessee, Texas or Virginia.*

PLEASE SEE ATTACHED PAGE.

Signature of next of kin	Dated
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Address

By furnishing forms and investigating the claim, BCS Insurance Company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

Fraud Notices

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: 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 state law.

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.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment for 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.

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.

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.

Delaware: 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.

District of Columbia: 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: 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.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kentucky: 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.

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

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.

Minnesota: 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: 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 R.S.A. 638.20.

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

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.

New York: 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 \$5,000 and the stated value of the claim for each violation.

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.

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.

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.

Texas: 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.