

Proof of Claim- Accidental Death Statement of Beneficiary



Group Name
Policy Number

Insured	Certificate number(s)
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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
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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 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
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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 Starr Indemnity & Liability 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 Starr Indemnity & Liability Company to determine eligibility for benefits under certificate number insuring said deceased. Any information obtained will not be released by Starr Indemnity & Liability 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, Starr Indemnity & Liability Company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

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: 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, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or **specific to AR and RI:** 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, **specific to PA:** subjects such person to criminal and civil penalties and **specific to NY:** shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or **specific to LA, TX and W VA:** who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or **specific to NM:** to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of 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.

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

Ohio: 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: 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: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/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 may include imprisonment, fines or a denial of insurance benefits.

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 RSA 638.20.

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

STARR

INSURANCE COMPANIES

ACCIDENTAL DISMEMBERMENT CLAIM FORM

Policyholder:

Policy Number:

Insured Statement

Name of Insured	Social Security Number	Date of Birth	Telephone Number ()
Home Address	Employed By	Annual Salary	
City	State	Zip	Occupation

Describe Fully Your Various Duties

When Did the Accident Happen?

AM
 PM

Where Did the Accident Happen?

How Did the Accident Happen?

What Were You Doing at the Time?

What Injury Did You Receive?

When Did You Stop Working?

Names and Addresses of All Physicians Consulted

Name	Street Address	City, State, Zip Code	Date Treated

What Operation was Performed?

If in a Hospital, Which One?

From:

To:

Names and Addresses of Witnesses to Your Accident

Employer's or Administrator's Statement

Group Policy Number	Certificate Number (If Applicable)	Occupation	Annual Salary
Name of Group Policyholder	Amount of Insurance	Length of Employment From: To:	Insurance Effective Date
Address of Group Policyholder	If Cancelled, Date of Cancellation	Date of Accident	Last Date at Work
Signature of Official Representative	Date Signed		

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 having any nonmedical information pertaining to _____, to give Starr Indemnity & Liability 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 Starr Indemnity & Liability Company to determine eligibility for benefits under the policy. Any information obtained will not be released by Starr Indemnity & Liability 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 permitted 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.

I understand that I may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Signature of Insured or Authorized Representative

Dated

Address:

Attending Physician's Statement

Patient's Name	Date of Birth
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Patient's Address (Number and Street, City, State, Zip Code)

Diagnosis

If loss is sight, is loss in both eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is loss total and irrecoverable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, visual acuity at this time			

If loss is hearing, is loss in both ears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is loss total and irrecoverable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, hearing at this time			

If loss is speech, is loss total and irreversible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, speech at this time			

If loss is extremity, where is severance? _____

In your opinion, was the loss caused by an accident independent of all causes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In your opinion, was the loss caused in any way by illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list dates you provided treatment for this illness: _____			

Please give an account of the accident as you understand it happened:

Dates of treatment for this accident:	(Month, Day, Year) ____/____/____	(Month, Day, Year) ____/____/____	(Month, Day, Year) ____/____/____	(Month, Day, Year) ____/____/____
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To your knowledge, has the patient ever been treated for this same condition? Yes No

If yes, please explain _____

Remarks:

Name (Attending Physician) – Please Print	Degree/Professional Designation	Telephone Number ()
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Physician's Address (Number and Street, City/Town, Zip Code)

Signature	Date ____/____/____
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Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefits 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 Residents: Any person who knowingly presents a false or fraudulent claim of 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 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: 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.

Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceived any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Kentucky and Pennsylvania 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 commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Maine and Tennessee 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.

Missouri Residents: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not answer it.

New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico 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 civil fines and criminal penalties.

New York 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, 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 stated value of the claim for each such violation.

North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person 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 with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties.

Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which may be a crime and subjects such person to criminal and civil penalties.

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 include imprisonment, fines and denial of insurance benefits.