PAN AMERICAN LIFE INSURANCE GROUP

MAIL FORM TO:
Pan American Life Insurance
P.O. Box 981644
El Paso, TX 79998-1644
(800) 999-5382

Death Claim Form Life Insurance for Employees and Dependents

This form should be completed by a physician, if in attendance, and by the policyholder upon the death of an insured employee. A certified copy of the official death certificate must be supplied. By furnishing this form and investigating the claim the company shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.

TO BE COMPLETED BY A PLAN SPONSER, ATTENDING PHYSICIAN, OR CORONER

Deceased's Name in Full	Date of Birth	Age at Death

Cause of Death	Place of Death	Date last illness began

Was Death Due to any of the following? ☐ Suicide ☐ Homicide ☐ Accident Describe Briefly

If infant death, had child been discharged from the hospital subsequent to birth? ☐ Yes ☐ No

Signature Title Date

Individual Certificate and Enrollment Card must accompany claim to be completed by Policyholder or Trustee (See reverse for instructions)

Name of Employee	Date of Birth	Group Number	Certificate No. or SSN

Date Employed	Effective Date of Insurance	Last Worked	Amount of Insurance	Class of Insurance	Job/Position

Name of Deceased Dependent	Relation to Employee	Date of Birth	Date of Death	SSN	Was dependent insurance in effect at death? ☐ Yes ☐ No

Was the deceased on leave of absence or layoff at death? ☐ YES ☐ NO	If Yes, on what day did layoff or leave begin?
Was it because of illness or injury? ☐ YES ☐ NO	If No, what was the reason for layoff or leave? If Yes, give illness or Injury.
Was insurance terminated? ☐ YES ☐ NO	Date and reason for termination?

As provided in the Master Policy, the Dependent Insurance will be paid to the employee, if living. Otherwise payment will be made to the first surviving class of the following classes of beneficiaries: (a) the employee's spouse, (b) the employee's children born to or legally adopted by the employee, share and share alike, or (c) the employee's estate. Please see reverse side of this form for additional beneficiary information.

A. Name of Beneficiary – Attach Enrollment Card	Relationship	Social Security Number	Age

A. Address of Beneficiary

B. Name of Beneficiary – Attach Enrollment Card	Relationship	Social Security Number	Age

B. Address of Beneficiary

C. Name of Beneficiary – Attach Enrollment Card	Relationship	Social Security Number	Age

C. Address of Beneficiary

Was death due to occupational accident? ☐ YES ☐ NO	Please indicate benefit claimed: BASIC LIFE - ☐ YES ☐ NO AD&D - ☐ YES ☐ NO

FOR EMPLOYER USE ONLY

Name and Address of Policyholder or Trustee	Signed By	Date Title

FOR PAN AMERICAN USE ONLY

G.D.C. NO.

INSTRUCTIONS

1. Attach certified copy of the official death certificate
2. PROOF OF ENROLLMENT - The original enrollment card or a photocopy must be submitted with this form. Any changes of beneficiary must also be attached.
    a. If autopsy was performed, please provide Coroner's report
    b. Please provide copy of Police report (if applicable)
3. MINOR OR INCOMPETENT BENEFICIARIES -When the named beneficiary is a minor or has been declared legally incompetent, payment can only be made to the legal guardian of the beneficiary. Copies of the letters of Legal Financial Guardianship or Tutorship must be submitted with the claim.
4. ESTATE BENEFICIARIES -When the named beneficiary is the Estate of the insured, payment will be made to the administrator of the deceased's estate. Original Letters Testamentary or Letters of Administration must be submitted with the claim.
5. MINOR BENEFICIARY PAYMENT OPTIONS - When Named Beneficiary is a Minor, payments may be made in either of 2 ways: 1) by a lump sum payment release of full funds plus all applicable interest at the time of claims processing, or 2) by leaving the funds on deposit with Pan-American to accrue interest at the applicable state interest rate in an account for that minor beneficiary, until that beneficiary reaches the age of majority, at which point the life benefit and all applicable interest will be released to the beneficiary.
6. DECEASED BENEFICIARY - If any of the named beneficiaries have pre-deceased the insured, a copy of the death certificate of that deceased beneficiary must be submitted. Payment to the surviving named beneficiaries will be made as provided in the policy unless the insured has specifically provided otherwise in his beneficiary designation. If no beneficiary survives the insured, payment will be made to the deceased insured's estate as outlined in #3 above.
7. FUNERAL ASSIGNMENTS - The proceeds or a portion thereof may be assigned to a funeral home by the named beneficiary. The original assignment and a copy of the itemized funeral bill must be attached.

The company reserves the right to require additional information should it be deemed necessary.

NOTICE CONCERNING YOUR RIGHTS OF PRIVACY AS A CONSUMER

Pan-American Life Insurance Company collects non-public information about you from the following sources:

- Information we receive from you in your application or other forms;
- Information about your transaction with us, our affiliates or others; and
- Information we receive from a consumer reporting agency

We do not disclose any non-public information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your non-public personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

For your protection, the laws of several states, including Alaska, Connecticut, District of Columbia, Delaware, Georgia, Indiana, Illinois, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Minnesota, Mississippi, Montana, North Caroline, Nebraska, Nevada, Ohio, Oklahoma, Oregon, South Caroline, South Dakota, Wyoming, Wisconsin and others require the following statement to appear on this form.

FRAUD WARNING

"Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony."

FRAUD WARNING FOR ALABAMA AND ARKANSAS RESIDENTS

For your protection, Alabama and Arkansas's laws required the following to appear on this form: "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."

FRAUD WARNING FOR ARIZONA AND TEXAS RESIDENTS

For your protection, Arizona and Texas laws 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."

FRAUD WARNING FOR ALASKA & CALIFORNIA RESIDENTS

For your protection, Alaska and California laws requires the following to appear on this form: **"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 WARNING FOR COLORADO RESIDENTS

For your protection, Colorado law requires the following to appear on this form: **"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 WARNING FOR FLORIDA RESIDENTS

For your protection, Florida law requires the following to appear on this Form: "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 WARNING FOR KANSAS RESIDENTS

For your protection, Kansas law requires the following to appear on this Form: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company, fifes a statement of claim or an application containing false, incomplete or misleading information may be guilty of insurance fraud as determined by court of law."

FRAUD WARNING FOR LOUISIANA, MARYLAND, NEW MEXICO AND PENNSYLVANIA RESIDENTS

For your protection, Louisiana, Maryland, New Mexico and Pennsylvania laws requires the following to appear on this Form: "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 WARNING FOR PUERTO RICO RESIDENTS

For your protection, Puerto Rico law requires the following to appear on this Form: "Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. "

FRAUD WARNING FOR RHODE ISLAND, VIRGINA AND WEST VIRGINIA RESIDENTS

For your protection, Rhode Island, Virginia and West Virginia laws requires the following to appear on this Form: "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 fines and confinement in prison. "

FRAUD WARNING FOR TENNESSEE AND WASHINGTON RESIDENTS

For your protection, Tennessee and Washington laws requires the following to appear on this Form: "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."