

# Claimant's Statement and Notice of Death

## Blue Shield of California Life & Health Insurance Company

4203 Town Center Blvd., El Dorado Hills, CA, 95762 888-800-2742

**For your protection, state law requires the following statement 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.**

Notice is hereby given Blue Shield Life, that \_\_\_\_\_, of \_\_\_\_\_  
(Name of deceased – please print)

\_\_\_\_\_  
(Address of deceased – please print)

was insured under Policy Number (s) \_\_\_\_\_

for \$ \_\_\_\_\_, Social Security Number \_\_\_\_\_

Deceased Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_  
(If accident, suicide or homicide, describe fully)

\_\_\_\_\_  
Name(s) of Beneficiary (if not claimant) \_\_\_\_\_

\_\_\_\_\_  
Address of Beneficiary (if different than claimant) \_\_\_\_\_

\_\_\_\_\_  
Beneficiary's Date(s) of Birth \_\_\_\_\_

Your relationship to deceased: \_\_\_\_\_

In what capacity, or by what title, do you claim this insurance? \_\_\_\_\_

Settlement Options:  Lump Sum  Installments

**Payment in one sum of the amount of Life Insurance payable under this policy will be paid if no designation is made. All or part of the death benefit may be received in installments in accordance with the Settlement Options section of the policy.**

\_\_\_\_\_  
Claimant's signature Claimant's name – please print

Street \_\_\_\_\_  
Claimant's address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Claimant's phone number

Dated \_\_\_\_\_, 20 \_\_\_\_\_

## Claimant's Statement and Notice of Death (continued)

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### **Death claim procedure under individual policy**

The following forms, documents and papers are to be assembled for submission of a claim.

- Completed Claimant's Statement and Notice of Death Form
- Certified Death Certificate (not a photocopy)
- Copies of guardianship papers, letters of testamentary or letters of administration, if applicable.

When a claim has been completed and all of the required supporting documents are obtained, the claim should be sent to:

Blue Shield of California Life & Health Insurance Company  
Attention: Life Insurance Claims Dept.  
4203 Town Center Blvd.  
El Dorado Hills, CA 95762