

Proof of Death

Blue Shield of California Life & Health Insurance Company

ATTN: Specialty Benefits 1-888-800-2742
 4203 Town Center Blvd
 El Dorado Hills, CA 95762

NOTE: Please complete the entire claim form.
This form cannot be processed if information is incomplete.
Please print using ink.

Section 1

Name of deceased		Social Security no.		Date of birth
If dependent claim, name of employee		Social Security no. of employee		Date of death
Amount of insurance being claimed (specify amounts claimed for Life, AD&D, Supplemental, etc.) <input type="checkbox"/> Life _____ <input type="checkbox"/> AD&D _____ <input type="checkbox"/> Supplemental _____				Group policy no.
Job classification of employee		Monthly or annual salary (exclusive of overtime, bonuses, and other extra compensation) <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Annual _____		
Hire date	Effective date of employee's insurance	Date employee last reported for work	Last month for which premium was paid for this employee or dependent	
Reason for employee stopping work				
Was life insurance in force at date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If not in force, date discontinued: _____		Did the employee have a waiver of premium (continued life insurance) claim with Blue Shield Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of last salary increase	Average hours worked	Amount of monthly premium paid	Settlement options <input type="checkbox"/> Lump sum <input type="checkbox"/> Installments	

Section 2 Beneficiaries

Name	Social Security no.	Date of birth	% of benefits	
Address (number, street, apartment)	City	State	ZIP code	Telephone no.
Name	Social Security no.	Date of birth	% of benefits	
Address (number, street, apartment)	City	State	ZIP code	Telephone no.
Name	Social Security no.	Date of birth	% of benefits	
Address (number, street, apartment)	City	State	ZIP code	Telephone no.

Section 3 Signatures

Remarks

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. Dated _____, 20____ Policy (Group) name _____

Important notice: For your protection, California law requires the following to appear on this form: 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 a state prison.

Forms to be attached:

1. Original Enrollment Form and Beneficiary Change Request forms (be sure to include all which pertain to this insurance.)
2. Certified Death Certificate (has the stamped or embossed seal of the Health Department). If the Death Certificate indicates "Pending", an amended Final Death Certificate to the original will be required indicating cause of death.
3. For AD&D claims: Coroner, toxicology and police/accident reports, and other information (if available) regarding the accident.
4. Eligibility Verification Documents (Paycheck stubs showing number of hours worked, taxes deducted, benefit contributions. Include last pay period deceased worked full time, along with the previous two (2) months.

By _____
 (signature of administrator of group)

 (please print administrator's name)

Area code _____ Phone number _____

Street address _____

City _____ State _____ ZIP code _____

Email Address _____

Proof of Death *(continued)*

Special instructions

1. All death claims must be accompanied by an original certified death certificate listing manner and cause of death. A copy of a certified death certificate cannot be accepted. If the Death Certificate indicates "Pending", an amended Final Death Certificate to the original will be required indicating the cause of death.
2. If death resulted from anything other than natural causes (i.e. accident, homicide), a copy of the official investigative reports (i.e., police, accident, coroner's report including toxicology, fire, FAA) must accompany or follow the claim. AD&D benefits cannot be paid on any claim without an investigative report regarding the insured person's/dependent's death. If your group contract contains an alcohol drug exclusion, a toxicology report will be required.
3. Groups must submit the enrollment form and copies of any beneficiary changes.

If primary beneficiary has died

4. If the primary beneficiary is no longer living—a copy of the certified death certificate must accompany the claim before payment can be made to the contingent (secondary) beneficiary or to the estate. If the contingent (secondary) beneficiary is also deceased, a copy of that certified death certificate will also be required.

If there is no beneficiary

5. If no beneficiary is named, or if no beneficiary survives the insured person—payment will be made to the insured person's estate unless a preference beneficiary affidavit is completed.

If payment is to be made to an estate

6. Court documents of appointment must be forwarded to Blue Shield Life before payment can be made to the estate. The court documents must name the personal representative of the estate (called the executor, executrix, administrator or other court designated title) to whom benefits can be paid.

If payment is made to a trust

7. If payment is to be made to a trust, a copy of the trust document must be provided with the claim. Such documents should designate the trustee to whom proceeds will be paid.

If payment is in installments

8. All or part of the death benefit may be received in installments provided that the amount applied under a settlement option must be at least \$10,000 and must be sufficient to provide a payment of at least \$100 per month.

If beneficiary is a minor child

9. A minor lacks capacity to sign a binding release of an insurance contract. Only the lawfully appointed guardian/representative of a minor may give release for the payment to a minor. Life insurance benefits, therefore, cannot be paid to anyone who has not reached the age of majority. If guardianship documents are not secured, the proceeds will be held until the beneficiary reaches the age of majority of Minor's Estate, unless state statutes (i.e. the Uniform gifts/transfers to minors act) in the appropriate jurisdiction allow for other payment provisions to be used. Copies of such applicable statutes should accompany the claim.