MEDICO®
LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386
Des Moines, IA 50306-0386
Toll Free 1-800-228-6080

STATEMENT OF DEATH (GROUP LIFE INSURANCE CLAIM FORM)

This form should be completed by the beneficiary upon the death of an insured employee and should be forwarded along with a certified or notarized copy of the death certificate to above address.

If death was due to suicide, homicide or accidental means, please also furnish a coroner's report and/or copy of investigating officer's report, if available. By furnishing this form and investigating the claim, the insurance company shall not be held to admit the validity of any claim or to waive or breach any condition of the policy.

BENEFICIARY STATEMENT

Name of Deceased		
When did health of deceased first become impaired?		
Date of Birth	Date of Death	In last illness when did deceased first consult physician?
Cause of Death		On what date did deceased last attend to usual work?
Due to Accident ❑ Yes ❑ No		If retired, date of retirement:

List all physicians who attended or prescribed for deceased within the last five years preceding death.

Names and Addresses	Dates of Attendance	Disease or Condition
	Month Day Year	
	Month Day Year	
	Month Day Year	
	Month Day Year	

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any licensed physician, medical practitioner, clinic, hospital, or other medical or medically related facility, insurance company, or other person, organization, or institution, that has any records or knowledge of _____ (Name of Deceased) to give Medico Life and Health Insurance Company, or its representative, any such information. A photocopy of this authorization shall be valid as the original.

Beneficiary Identification (Social Security) Number _____-_____-_____
Beneficiary's Signature _____ Date _____ Age_____
Relationship to Deceased _____
Address _____ Phone # _____

Any person knowingly and with Intent to defraud or deceive an insurance company, files a statement of claim containing false, incomplete or misleading information, is in some states guilty of felony.