



MEDICO®

INSURANCE COMPANY

P.O. Box 10386, Des Moines, IA 50306-0386

Proof of Death

(For Accidental Death Indemnity Benefit Only)

The furnishing of this form and investigation of the claim is not to be construed as an admission of the validity of any claim or as a waiver of any condition of the policy by the Company.

Instructions for Furnishing Proof of Death

1. Complete **Parts I, II and IV**. If the policy has been in force less than two years or has lapsed within two years from the date of death, you must also complete **Part III**.
2. Enclose a certified copy of the Insured's Certificate of Death that includes the cause and manner of death.
3. If any primary beneficiary has died before the Insured, enclose proof of the beneficiary's death: a copy of the beneficiary's death certificate or obituary or a copy of the Insured's obituary if it mentions the beneficiary predeceased the Insured. In such case, the claim should be made by the other beneficiary(ies), or if there are none, by the duly appointed Personal Representative (Executor or Administrator) of the Insured's estate.
4. If the claim is made on behalf of the Insured's estate, enclose a certified copy of the Letters of Administration or the Letters Testamentary, whichever is applicable, and a completed W-9 for the estate. If the Insured's estate will not be probated and the Insured's state of residence permits payment by affidavit in small estates, enclose the completed affidavit. (The affidavit form can be requested from our office.)
5. If any beneficiary is a minor or legally incompetent, enclose a certified copy of the Letters of Guardianship or the Letters of Conservatorship, whichever is applicable.
6. Furnishing a newspaper account, police report, or coroner's verdict can facilitate the claim.

Mail the completed Proof of Death form and all other necessary documents to:

**Medico Insurance Company
P.O. Box 10386
Des Moines, IA 50306-0386**

Part III – Medical Care

Complete this part ONLY if the policy is less than two years old or has lapsed within two years from the date of death.

List the names and addresses of all physicians who attended the deceased and all hospitals and institutions where he/she was treated during the last illness and during five years prior to his/her death. If you need more room for this information, you can use the back of this form.

Physician/facility name _____

Address _____
Street City State Zip

Treatment date _____ Disease or condition _____
Month Day Year

Physician/facility name _____

Address _____
Street City State Zip

Treatment date _____ Disease or condition _____
Month Day Year

Physician/facility name _____

Address _____
Street City State Zip

Treatment date _____ Disease or condition _____
Month Day Year

Substitute Form W-9 Request for Taxpayer Identification Number and Certification (2018)

Return to: Insurance Processing Center P.O. Box 1, Des Moines, Iowa 50306-0001	<i>(Home Office Use Only)</i> Acct:	Dept:
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We are required by law to obtain this information when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% Federal income tax backup withholding and you may be subject to a \$50 penalty imposed by the Internal Revenue Service under Section 6723.

Complete & return THIS form. DO NOT use or photocopy an IRS W-9.

Please Print

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other	4 Exemptions (codes apply only to certain entities, not individuals). Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state and ZIP code	
7 Policy number(s)	

Part 1: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1 on www.irs.gov. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social Security Number					
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 5%;"></td> <td style="width: 25%;"></td> <td style="width: 5%;"></td> <td style="width: 40%;"></td> </tr> </table>					
or					
Employer Identification Number					
<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%;"></td> <td style="width: 5%;"></td> <td style="width: 85%;"></td> </tr> </table>					

Part 2: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of
U.S. person ►

Date ►

Please complete the following areas so we may contact you if we have questions regarding the information you provided.

Person completing this form (Print): _____ Phone: (____) _____

E-mail Address: _____ Fax #: (____) _____

For more information or instructions, please refer to www.irs.gov or contact our office at the number on the accompanying letter.