

**DEATH CLAIM FORM  
CREDIT LIFE INSURANCE**



P.O. Box 6278  
Lincoln, NE 68506  
T. 800.383.1776  
F. 402.483.2341

Note: Please send in this form with a certified copy of the death certificate and a listing of the payments made.

**TO BE COMPLETED BY LENDING INSTITUTION**

Name and age of deceased borrower		Name _____ Age _____
Address of borrower		
Date and cause of death		Date _____
<b>LOAN INFORMATION</b>	Initial date and amount of loan	Date _____ Amount \$ _____
	Term of loan	_____ Months <input type="checkbox"/> Level <input type="checkbox"/> Reducing
	Payment status (as of Date of Death)	In arrears? <input type="checkbox"/> No <input type="checkbox"/> Yes In advance? <input type="checkbox"/> No <input type="checkbox"/> Yes      If so, how many months?
	Loan Payoff (as of Date of Death)	\$ _____
<b>INSURANCE INFORMATION</b>	Group Policy Number	
	Certificate Number	
	Effective date	Date _____
	Amount of claim (loan payoff plus any remaining refund)	\$ _____

Second Beneficiary \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Relationship \_\_\_\_\_

Address of Creditor \_\_\_\_\_  
Street

City State Zip

By \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A CERTIFIED COPY OF DEATH CERTIFICATE  
AND A COPY OF ORIGINAL LOAN AGREEMENT**