Gerber Life Insurance Company

Proof of Loss - Death Claim Form

Please complete and return to:
A C Newman & Co.
7060 N. Marks Ave., Suite 108
Fresno, CA 93711
(559) 252-2525

EMPLOYER'S STATEMENT - TO BE COMPLETED BY EMPLOYER (Policyholder)

FULL NAME OF DECEASED		HOME ADDRESS OF DECEASED
DECEASED PERSON IS: (Check One) ☐ Employee ☐ Dep. Spouse ☐ Dep. Child	Gender ☐ Male ☐ Female	DATE OF BIRTH DECEASED SOCIAL SECURITY NUMBER
NAME OF CLAIMANT	Gender ☐ Male ☐ Female	CLAIMANT PHONE NUMBER CLAIMANT EMAIL ADDRESS
ADDRESS OF CLAIMANT		

NAME OF EMPLOYER	ADDRESS OF EMPLOYER
NAME AND ADDRESS OF DIVISION WHERE EMPLOYEE WORKED (IF DIFFERENT FROM ABOVE)	

POLICY NUMBER(S)	CLASS	DATE OF LAST PAYROLL DEDUCTION / LAST PREMIUM PAYMENT	CLAIM AMOUNT
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

For Business Travel Accident Claims: If death occurred while on business travel, please attach an additional page describing the circumstances of the business trip including purpose and location(s).

NAME OF EMPLOYEE		HOME ADDRESS OF EMPLOYEE	
DATE HIRED	DATE LAST WORKED	JOB POSITION/TITLE	EFFECTIVE DATE OF EMPLOYEE COVERAGE
BASE ANNUAL EARNINGS	OTHER INCOME (If applicable): Commissions: _____ Bonus: _____ OverTime: _____		EFFECTIVE DATE OF DEPENDENT COVERAGE

DID THE EMPLOYEE MEET THE ACTIVELY AT WORK PROVISION IN THE POLICY?

☐ **Yes** ☐ **No** If No, Provide Details: _____

WAS EMPLOYEE ON A LAYOFF AT TIME OF DEATH?

☐ **Yes** ☐ **No** If Yes, What Was Begin Date: _____

WAS EMPLOYEE ON LEAVE OF ABSENCE AT TIME OF DEATH?

☐ **Yes** ☐ **No** If Yes, What Was The Reason: _____

DATE OF DEATH	CAUSE OF DEATH	CITY & STATE WHERE DEATH OCCURED

MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide

IF OTHER THAN NATURAL CAUSES PROVIDE DETAILS: (Attach separate form if necessary)

NAME OF BENEFICIARY(IES) - Attach Enrollment Card / Applicable Beneficiary Designation

NAME	RELATIONSHIP AGE	ADDRESS	PHONE NUMBER

Gerber Life Insurance Company

Proof of Loss - Death Claim Form

Please complete and return to:
A C Newman & Co.
7060 N. Marks Ave., Suite 108
Fresno, CA 93711
(559) 252-2525

A FRAUD WARNING: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

The above statements are true and complete to the best of my knowledge. I acknowledge that Gerber Life Insurance Company may rely on the above statements as part of the Proof of Death under the Employee Group AD&D Insurance Policy.

SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE | TITLE | DATE

PRINT NAME OF AUTHORIZED EMPLOYER REPRESENTATIVE | PHONE NUMBER

ADDRESS | EMAIL