

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

CLAIMANT'S STATEMENT - TO BE COMPLETED BY CLAIMANT

NAME OF DECEASED		
NAME OF EMPLOYER	ADDRESS OF EMPLOYER	POLICY NUMBER(S)

Describe how the death occurred. For Business Travel Claims, please describe the circumstances of the business trip including purpose and location(s). Please use an additional page if needed): _____

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.

Claimant's Signature	Relationship to deceased	Date
	()	
Print Name	Phone #	E-mail Address

For all **Death Claims**, please provide the following:

- A certified copy of the Certificate of Death
- A copy of the official police or technician report of accident
- A complete and certified copy of the Coroner's report
- A copy of the autopsy report if one was performed
- A copy of the toxicology report if a toxicology test was administered

The Authorization to Use or Disclose Individually Identifiable Health Information (HIPAA)

Please sign and date this form and attach it to the Employee's statement. Your signature on this form enables us to obtain the necessary information about you to determine your eligibility for benefits. The authorization also allows us to release information to a specific person. **You will receive a copy of the Authorization upon your request.**

For **Dependent Claims**, please also provide:

- Verification of dependency - copy of birth certificate, adoption papers, guardianship, etc.
- If dependent was a student, a copy of tuition payment, school schedule, grades, etc.
- Address of dependent residence at time of death _____

If there is a court appointed representative, please provide:

- A copy of the court document appointing Executor or Administrator
- A copy of document for a court appointed guardian for a minor's estate
- If beneficiary is a trust, a copy of the trustee appointment

For Voluntary Coverage, please provide: (The employer / policyholder may be able to assist in providing this information)

- A copy of any and all enrollment forms and/or beneficiary designation cards
- Verification of premium contributions - payroll records showing premium deductions for the date of the accident

The claimant is responsible for making sure all required forms are completed and returned to AC Newman & Co. at the address above. Processing of the claim will begin when all completed forms are received. Should you have any questions, our office is available to assist you.

Please contact us Monday through Friday from 8:30 a.m. until 5:00 p.m. PST at 1 (559) 252-2525.