



Protective Life Insurance Company
 Post Office Box 790
 Deerfield, IL 60015
 Phone (800) 841-4777

**CLAIM FOR
 LIFE INSURANCE PROCEEDS**

CLAIM NUMBER

WARNING: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties."

SECTION A

'SECTION A' MUST BE COMPLETED BY THE LEGAL NEXT OF KIN. PLEASE BE SURE TO ENCLOSE EXECUTORSHIP PAPERS IF THE ESTATE IS BEING FILED THROUGH PROBATE. *It is imperative that this form is completed in its entirety. Failure to do so may delay the claim.*

NAME OF DECEASED	DRIVER'S LICENSE NO. & STATE ISSUED	DATE OF BIRTH	DATE OF DEATH
POLICY/CERTIFICATE NUMBER	EFFECTIVE DATE	CAUSE OF DEATH	

LIST ALL PHYSICIANS SEEN DURING THE FIVE (5) YEARS IMMEDIATELY PRECEDING EFFECTIVE DATE OF COVERAGE:

FAMILY PHYSICIAN'S FULL NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	YEAR(S) SEEN
DOCTOR'S FULL NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	YEAR(S) SEEN
DOCTOR'S FULL NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	YEAR(S) SEEN
PHARMACY	ADDRESS	CITY/STATE/ZIP	TELEPHONE	YEAR(S) USED
LAST EMPLOYER'S FULL NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE	YEAR'S EMPLOYED
GROUP INSURANCE CARRIER	ADDRESS	CITY/STATE/ZIP	TELEPHONE	COVERAGE NUMBER

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION FOR EVALUATION OF CLAIM.

- I understand that a separate form containing my authorization for the release of medical information for the decedent must be completed and submitted along with this completed claim form.
- By signing below, I authorize any previous employer of the decedent to furnish to the Company or its authorized representative, any and all information concerning employment, including but not limited to position, salary/wages and any absences and reasons therefore. I further authorize the release of any and all loan documents or creditor records involving the decedent.

A photocopy of this authorization shall be considered as valid as the original. The authorization shall remain valid for 24 months following the date of my signature.

AUTHORIZED SIGNATURE	DATE	RELATIONSHIP TO THE DECEASED
PRINTED NAME OF ABOVE SIGNER	ADDRESS	CITY/STATE/ZIP TELEPHONE

SECTION B (CREDITOR STATEMENT)

'SECTION B' TO BE COMPLETED BY CREDITOR ONLY (NOT TO BE COMPLETED BY THE DEALERSHIP)

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FULLY COMPLETED FORM 1. CERTIFIED COPY OF DEATH CERTIFICATE 2. COPY OF THE RETAIL INSTALLMENT SALES CONTRACT 3. COPY OF THE LOAN/CREDIT APPLICATION 4. ORIGINAL INSURANCE APPLICATION AND COVERAGE LANGUAGE (RETAIN A COPY FOR YOUR RECORDS)	
BORROWER'S FULL NAME	NAME OF CREDITOR
LOAN NUMBER	ADDRESS
Initial Insured Loan Amount \$ _____ # of Payments Made _____ Monthly Payment \$ _____ APR % _____ 1st Payment due date ____ / ____ / ____ Total Amount Currently Claimed Due \$ _____ Date of Last Payment Received ____ / ____ / ____	CITY/STATE/ZIP I hereby certify under penalty of perjury that the amount indicated due the creditor beneficiary does not exceed the loan balance at the time of the insured's death. I further certify that the loan has not been paid off, renewed, refinanced or otherwise modified (*except as listed) since the inception date of the insurance.
(PAYOFF GOOD THRU) ____ / ____ / ____ \$ _____ (PER DIEM IF ANY)	AUTHORIZED SIGNATURE _____ DATE _____ X _____ TITLE TELEPHONE Ext. _____ PRINTED NAME OF THE ABOVE AUTHORIZED SIGNER _____

NOTICE

Alaska Residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Residents: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware Residents: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia Residents: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Residents: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss of benefit is a crime punishable by fines or imprisonment, or both. A person who intentionally or knowingly violates, intentionally or knowingly permits any person over whom the person has authority to violate, or intentionally or knowingly aids any person in violating any insurance rule or statute of this State or any effective order issued by the commissioner, shall be subject to any penalty or fine as provided by this code or by the penal code of the Hawaii Revised Statutes.

Idaho Residents: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Residents: A person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Residents: *See Arkansas.*

Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided by R.S.A. 638.20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: *See Arkansas.*

Tennessee and Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Residents: *See Tennessee.*

West Virginia Residents: *See Arkansas.*

PRIVACY NOTICE

PRIVNOT1204 (Rev 6/09)

**Protective Life Insurance Company,
Lyndon Property Insurance Company
P.O. Box 790
Deerfield, IL 60015
1-800-445-2992**

Protecting the privacy of information about our customers is important. This notice tells you how we treat information about our customers. We treat information about our former customers the same as we treat information about our current customers.

We do **not** sell information about our customers. We maintain physical, electronic and procedural safeguards to protect it. Access to customer information is limited to people who need access to do their jobs.

We get most of the information we need from customer applications and other forms. If a customer authorizes it, we may get information from others. For example, when a person applies for life insurance we may ask for permission to get information from

- Insurance support organizations such as the Medical Information Bureau and
- Consumer reporting agencies.

We also get information as we process customer transactions. The information we may have includes

INFORMATION such as

- Name,
- Address,
- Telephone Number,
- Demographic Data;

FINANCIAL INFORMATION such as

- Credit History,
- Income,
- Assets,
- Other Insurance Products;

HEALTH INFORMATION such as

- Medical history and
- Other factors affecting insurability

We use the information for business purposes, such as

- processing applications and claims,
- servicing your business, and
- offering you other products and services.

We share the information with others who provide services to help us process or administer our business. For example, we may share information with

- a company that prints our customer statements,
- medical examiners who help us underwrite life insurance applications,
- service providers who help us process claims.

We require that our service providers limit their use of the information and keep it confidential. We will not share information with anyone else unless

- we have the customer's permission, or
- we are allowed or required by law to disclose it.

You should know that your insurance sales agent is independent. The use and security of information an agent gets is his or her responsibility. Please contact your agent if you have questions about his or her privacy policy.

We have the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.