

**GERBER LIFE INSURANCE COMPANY**  
**White Plains, New York 10601**

**PROOF OF DEATH OF: \_\_\_\_\_ INSURED \_\_\_\_\_ DEPENDENT**

**EMPLOYER'S STATEMENT**

Full Name of Deceased		Date of Birth
Social Security No.	Effective Date of Coverage	Policy Number
<i>(If a Dependent Claim)</i> Full Name of Employee		Date of Birth
Social Security No.	Effective Date of Coverage	Deceased's Occupation

Date Deceased last worked	If Dependent Claim, relationship to Employee			
If Dependent Claim, was Dependent entirely dependent on Employee? If Yes, How Long?				
Cause of Death	Date and Time of Death		Was premium paid at time of death?	
	Mo.	Day	Year	Time

**Was An Autopsy Held?** *(If so, attach a certified copy of autopsy findings)*

If Death Was Due To Injury, Please Explain Details Of Accident Fully

Amount of Principal Sum	Amount of Claim	Did Injury occur on duty?	Workers Compensation?
Beneficiary (If Insured claim, attach copy of Beneficiary Designation)		Relationship	Date of Birth

Beneficiary's Address

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Position/Title

**EMPLOYEE'S CERTIFICATE**

(Complete Only If This Is A Dependent Claim)

How long has Deceased lived in your home?	How long entirely dependent on you?	Where did Deceased last work?
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**Was An Autopsy Held?** *(If so, attach a certified copy of autopsy findings)*

Employee's Signature Date	Witness Date
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## INSTRUCTIONS

1. Proof of Death shall consist of the following papers:
  - a. Claimant's Statement. (Reverse side of this form.)
  - b. A Certified copy of the Certificate of Death on file in the office of the Bureau of Vital Statistics or Town Clerk's office.
  - c. A complete and certified copy of the Coroner's report must be submitted in the event of death by violence.
2. The Claimant's Statement must be completed by the person legally entitled to receive the money, who must state in what capacity he or she makes claim – whether as Beneficiary named in the policy, Assignee, Executor, Administrator, Guardian or Trustee. If the Beneficiary is not of legal age, a Guardian must be appointed. If the insurance is payable to the Insured's Estate, an Administrator or Executor must be appointed. If the Claimant's Statement is completed by an Executor, Administrator or Guardian, a certified copy of the certificate of such appointment must be submitted.
3. The Company reserves the right to require or obtain such additional evidences as may seem necessary.
4. Information as to date of birth must be obtained from original sources such as birth certificate, baptismal certificate, Family Bible, etc.
5. Before transmitting these papers to the Company, review all answers carefully and see that any necessary papers are attached in accordance with the instructions as given above.
6. Please furnish newspaper accounts of death, if they are available.

Please return this claim form to:

Ms. Kathy Kruska

BestRe Insurance

2505 McCabe Way

Irvine, CA 92614