



# Federal Life Insurance Company

3750 West Deerfield Road • Riverwoods, Illinois 60015

(847) 520-1900 • (800) 233-3750 • www.federallife.com

## Claim Notice

Please complete and submit this notification of death form to Federal Life via mail at the address above, fax (847-520-0848) or email (claims@federallife.com). If you have any questions, call 800-233-3750 extension 502.

Date \_\_\_\_\_ Contract #(s) \_\_\_\_\_

Name of Decedent \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cause of Death \_\_\_\_\_

Insured's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Your Last Name, First Name \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Best way to contact you:

Phone: \_\_\_\_\_  
Phone Number

Mail: \_\_\_\_\_  
Mailing Address

Email: \_\_\_\_\_  
Email Address

Fax: \_\_\_\_\_  
Fax Number

Please email or mail claim forms to: \_\_\_\_\_

\_\_\_\_\_

### FOR HOME OFFICE USE ONLY

Status/Comment \_\_\_\_\_

Action Taken \_\_\_\_\_

Date of Action \_\_\_\_\_ By Claims Representative: \_\_\_\_\_