Federal Life Insurance Company
PO Box 147 • Lincolnshire, Illinois 60069
(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: _____

Click Here To Submit Form To Federal Life

Clear Form