



Federal Life Insurance Company
P.O. Box 147, Lincolnshire, IL 60069
800-233-3750
www.federallife.com

Claim Notice of Death

Please fill out this form and submit it by mail (listed above), email (claims@federallife.com) or fax (847-520-0848). Once we have been notified of a death, our Claims team will begin its review to confirm contract details and beneficiaries before mailing claim paperwork.

Section A: Decedent's Information (the insured or annuitant who is deceased)			
Contract Number(s)		Decedent's Full Name	
Decedent's Date of Birth (mm/dd/yyyy)		Decedent's Date of Death (mm/dd/yyyy)	
Did the decedent's death occur <u>within</u> the United States? ☐ Yes ☐ No* – list country where death occurred:		Manner of Death (select one) ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ I don't have this information	
Section B: Your Information (the person submitting this form)			
Your Full Name		Your Relationship to the Insured	
Your Contact Information	Phone		
	Mailing Address		
	Email (optional)		
	Fax (optional)		
Do you plan to claim benefits or are you assisting someone else? Select all that apply. ☐ I plan to claim benefits for myself ☐ I am assisting someone else		If assisting someone else, please provide their name(s) and relationship(s) to the insured:	
Will any portion of the payable proceeds be assigned to a funeral home or funding company? ☐ No ☐ Yes ☐ Not sure yet		Please send claim forms to: ☐ Email ☐ Use the info provided above ☐ Other: ☐ Fax ☐ Use the info provided above ☐ Other: ☐ Mail ☐ Use the info provided above ☐ Other:	