



PLEASE LIST ALL INSURANCE POLICIES/ANNUITY CONTRACTS OF THE DECEASED MEMBER:

DECEASED MEMBER INFORMATION:

Name: _____ Branch #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security #: _____ Date of Birth: _____ Date of Death: _____

BENEFICIARY INFORMATION:

Please print information for each surviving Beneficiary. The name and social security number of each Beneficiary **MUST MATCH** according to their IRS Record. Use additional paper if necessary.

Name: _____ Relationship: _____
 Social Security/Tax ID: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

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 Email: _____ Phone: _____

FIDUCIARY INFORMATION (Legal Representative of Estate, Trust, Entity):

Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

INCLUDE ORIGINAL CERTIFIED DEATH CERTIFICATE AND ORIGINAL INDEX PAGE OF THE POLICY/CONTRACT

INSTRUCTIONS FOR COMPLETION OF DECEASED CLAIM REPORT:

1. Provide all FCSU Financial® policy/contract numbers held by the deceased.
2. Complete all information concerning the deceased.
3. Complete all information for each Beneficiary. Failure to provide any of the requested information may delay payment of the claim. Each Beneficiary name must appear on our form exactly as it does on their social security card.
4. The IRS mandates that your social security number and name match according to the IRS records. All claim payees will be verified through the IRS database by name and social security number. If the information does not match the IRS database, you will be requested to supply corrected information.
5. All documents must be mailed into the home office for processing.

CLAIM MUST CONSIST OF THE FOLLOWING PAPERS:

- This completed Deceased Claim Report.
- Original Insurance Policy/Annuity Contract or the completed Declaration of Lost Policy/Contract form (See Below).
- Certified Death Certificate for the deceased Insured/Annuitant (Must have the official state seal of certification).
- Any other supporting forms or documents as requested by FCSU Financial.
- Death Certificates are required for any deceased Beneficiary (photocopies are acceptable in this case). If all designated Beneficiaries pre-deceased the insured/annuitant, death benefits will be paid to the estate of the insured/annuitant.
- Death benefits payable to minors will be held in trust at FCSU Financial until the minor attains legal age. The benefits held in trust bear interest.
- Death benefits payable to a Trust or Estate require Trust/Estate documents.

INSURANCE FRAUD WARNING:

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

Beneficiary/Representative Signature: _____ Date: _____

Branch Officer/Witness Signature: _____ Date: _____

For your protection, California law (California Insurance Code Section 1871.2) requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

**DECLARATION OF LOST
POLICY/CONTRACT OF DECEASED MEMBER**

This section must be completely filled out if the original insurance policy or annuity contract is missing.

I, _____ hereby state that I am the _____ of the
(Name of Claimant) (Relationship to Insured)
deceased _____ who was a member of FCSU Financial and the holder of policy/contract number(s)
_____. That/Those said policy/contract(s) is/are lost, and after diligent search cannot be
found and, therefore, cannot be surrendered to FCSU Financial. In the event the policy/contract is found later, I will destroy it.

Beneficiary/Representative Signature: _____ Date: _____

Witness Signature: _____ Date: _____

By signing this, I swear that this is a true and accurate statement.

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FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA AND CANADA