



POLISH FALCONS OF AMERICA

615 Iron City Drive • Pittsburgh, PA 15205-4397
Phone: 412-922-2244 • Toll-Free: 1-800-535-2071 • FAX: 412-922-5029

CLAIMING INSURANCE BENEFITS

Policy Information

Please list the numbers of all policies for which you are making this claim.
For each, show the entire number.

Nest _____

Face Value of Certificate _____

Information About The Insured

Insured's Name: _____

Date of Birth: _____ Date of Death: _____

Information About The Claimant

Claimant's Name: _____

Relationship to Deceased: _____

Date of Birth: _____ Age: _____ Daytime Phone No.: (____) _____

Social Security No. (SSN)/Tax Identification Number (TIN): _____

Address: _____

City: _____ State: _____ ZIP: _____

You are the (check only one):

- A. Beneficiary
- B. Beneficiary's legal guardian
Please attach a copy of the court order or other legal document appointing you as guardian.
- C. Representative of insured's estate
Please attach a copy of the court order appointing you executor or administrator.
Is the will going to be probated? Yes No
If no, check here if the estate qualifies as a small estate and you want the Polish Falcons of America to pay the heirs directly.
Please attach a copy of the Small Estate Affidavit identifying the heirs.
- D. Assignee Amount you are claiming \$ _____
If you have assigned any portion of the claim to a funeral home, please include a copy of the assignment form. If the insured assigned all or any portion of the certificate value to a bank or other financial institution as collateral, an authorized representative of the bank or institution must complete a separate copy of this form.
- E. Trustee
- F. Other (Please specify) _____

Date

Signature of Claimant

Date

Signature of Witness

A Death Certificate and Polish Falcon Insurance Certificate must be furnished and enclosed with this claim statement.

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Claimant #2

Information About The Claimant

Claimant's Name: _____

Relationship to Deceased: _____

Date of Birth: _____ Age: _____ Daytime Phone No.: (____) _____

Social Security No. (SSN)/Tax Identification Number (TIN): _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Signature of Claimant

Date Signature of Witness

Claimant #3

Information About The Claimant

Claimant's Name: _____

Relationship to Deceased: _____

Date of Birth: _____ Age: _____ Daytime Phone No.: (____) _____

Social Security No. (SSN)/Tax Identification Number (TIN): _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Signature of Claimant

Date Signature of Witness

Claimant #4

Information About The Claimant

Claimant's Name: _____

Relationship to Deceased: _____

Date of Birth: _____ Age: _____ Daytime Phone No.: (____) _____

Social Security No. (SSN)/Tax Identification Number (TIN): _____

Address: _____

City: _____ State: _____ ZIP: _____

Date Signature of Claimant

Date Signature of Witness