



# LBT Life Insurance Benefit Claim Form

**Chubb Workplace Benefits**  
A business unit of Combined Insurance  
Company of America, a Chubb Company Claim  
Department • Administrative Office  
One Integrity Parkway, Cleveland, OH 44143  
Telephone 1-855-241-9891  
Fax 603-352-1179

## TO BE COMPLETED BY BENEFICIARY

CLAIM NUMBER

### Decedent Information Please print—do not write.

| Deceased's Full Name | Policy Number | Form/Plan Number |
|----------------------|---------------|------------------|
|----------------------|---------------|------------------|

|                                                                                                                |               |                  |
|----------------------------------------------------------------------------------------------------------------|---------------|------------------|
| Please list other names the deceased may have used such as maiden name, nickname, hyphenated name, alias, etc. | Policy Number | Form/Plan Number |
|----------------------------------------------------------------------------------------------------------------|---------------|------------------|

| Deceased's Address (Street and No.) | City | State | Zip | Policy Number | Form/Plan Number |
|-------------------------------------|------|-------|-----|---------------|------------------|
|-------------------------------------|------|-------|-----|---------------|------------------|

| Deceased's Birth Date | Date of Death   | Policy Number | Form/Plan Number |
|-----------------------|-----------------|---------------|------------------|
| Mo / Day / Year       | Mo / Day / Year |               |                  |

If death was due to SICKNESS, please complete. Nature of sickness:

If death was due to ACCIDENT, please complete. Nature of injuries:  
Date of accident Mo / Day / Year

Please describe where and how accident occurred:

### Beneficiary Information

| Beneficiary's full name | Beneficiary's Birth Date | Relationship to deceased |
|-------------------------|--------------------------|--------------------------|
|                         | Mo / Day / Year          |                          |

|                                  |      |       |     |                         |
|----------------------------------|------|-------|-----|-------------------------|
| Mailing Address (Street and No.) | City | State | Zip | Home telephone #<br>( ) |
|----------------------------------|------|-------|-----|-------------------------|

|                                                                        |                         |
|------------------------------------------------------------------------|-------------------------|
| If beneficiary is a minor please list parent/guardian name and address | Work telephone #<br>( ) |
|------------------------------------------------------------------------|-------------------------|

|                |                         |
|----------------|-------------------------|
| E-Mail Address | Cell telephone #<br>( ) |
|----------------|-------------------------|

### Fraud Notifications

**If you are a resident of or if the policy was issued in one of the following states, we are required to provide you with the following Fraud Warning Notification:**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALASKA:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## FRAUD NOTIFICATIONS CONTINUED

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**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant..

**FLORIDA:** Any person who knowingly and with the intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** 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.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime..

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

**MAINE, TENNESSEE, WASHINGTON or WEST VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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

**OKLAHOMA:** WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** Any person who, with the intent to defraud or knowingly that he/she is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**FOR RESIDENTS OF ALL OTHER STATES:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Required Signature of Beneficiary and W-9 Certification**

By making claim to these proceeds, I declare that all the answers recorded on this Claim Form for Life Insurance are true and complete to the best of my knowledge and belief. I have read the applicable fraud notification statement. I also understand the Company reserves the right to require or obtain further information, should it be deemed necessary.

**Substitute W-9**

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including U.S. resident alien).

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.**

|                         |      |                        |
|-------------------------|------|------------------------|
| Beneficiary's Signature | Date | Social Security Number |
|-------------------------|------|------------------------|

|                             |               |
|-----------------------------|---------------|
| Printed Name of Beneficiary | Relationship* |
|-----------------------------|---------------|

\*If I signed on behalf of the beneficiary as the Power of Attorney, Guardian or Conservator, please attach a copy of the document granting authority.

**Please attach a certified copy of the insured's death certificate. If available, please also attach a copy of the obituary notice for the insured.**