

**VOLUNTEER FIREFIGHTER'S DIVISION
P. O. Box 25339
FARMINGTON, NEW YORK 14425
(585) 398-2340**

Policyholder's Group Death Claim

Instructions:

1. As soon as you learn of the death of a member of your group, complete and mail this statement to:
The Volunteer Firefighters Division of Standard Security Life Insurance Company of New York
P. O. BOX 25339, Farmington, New York 14425
2. Forward an **official copy** of the Death Certificate as soon as possible to this Company. At the above address.

PRINT ONLY:

Full Name of Deceased Volunteer Fireman _____

Address of Deceased _____

Date of Death _____ Amount of Insurance \$ _____

Certificate Number _____

Name of Fire District or Municipality _____

Address of Fire District or Municipality _____

Print Name of Officer Authorized
To sign this Claim with Title _____

Group Policy
Number _____

**Statement of Policyholder
On Behalf of the Fire District or Municipality**

I certify that the deceased was eligible and insured under the provisions of the Master Policy on the date of death and such Master Policy was in full force and effect on such date, with all premiums paid.

Officer Authorized to Sign with Title

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
GROUP TERM LIFE
CLAIMANT'S STATEMENT**

Section A - Information about the Insured

Group Policy # _____ Certificate # _____

1. Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Address: _____
Street Apt # City State Zip Code

4.(a) Date of Death _____

(b) Place of Death _____

(c) Cause of Death _____

Section B - Information about You, the Claimant:

1. Your Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Your Address: _____
Street Apt # City State Zip Code

4. Your Relationship to the Insured: _____

5. Your Social Security Number: _____ - _____ - _____

CERTIFICATION: - Under penalties of perjury I certify that:

(a) The number shown on this form is my correct Social Security Number, and

(b) To the best of my knowledge, I am not subject to back up withholding.
[If you are subject to backup withholding, cross out the words after (b)].

TURN OVER PLEASE

Section C - Your Signature. I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge.

Your Signature

Date

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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for such violation.

For New Jersey residents only: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Policy Services:

**Standard Security Life Insurance Company of New York
485 Madison Avenue
New York, New York 10022
(212) 355-4141**

Claims Department:

**Standard Security Life Insurance Company of New York
Group Life Claims Department
P. O. Box 25339
Farmington, New York 14425
(585) 398-2340**