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SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Life Insurance Company
Claims Department
Mailing Address: PO Box 1230 | Enfield, CT 06083
Phone 1-877-377-6773 | Fax 1-877-737-3650 | TTY/TDD 1-800-833-6388

GROUP LIFE INSURANCE EMPLOYEE DEATH OR DISMEMBERMENT CLAIM

POLICYHOLDER-EMPLOYER INSTRUCTIONS: See attached notice

1. For a death claim, please complete this form and submit it with the following documents:
   Certified copy of the deceased's death certificate
   Deceased employee's original enrollment form and any changes of beneficiary
   Claimant's Statement, Form 2018, completed by each beneficiary
2. Additional documents are required if a beneficiary is one of the following:
   If a beneficiary is a minor or an incompetent person:
   – when a Guardian of the Estate has been appointed, provide a certified copy of court appointment
   – when no guardian has been appointed, provide the name and address of the person with custody
   If a beneficiary is an estate – a certified copy of the court appointment of an Executor or Administrator
   If a beneficiary is deceased – a certified copy of the beneficiary's death certificate
3. For an accidental death or dismemberment claim, provide a police report, newspaper article, or similar document that describes the accident. For a dismemberment claim, submit a copy of the initial enrollment form and any changes.

Group Policy Number _____ ERISA Group Plan ☐ Yes ☐ No Insurance Class _____

Amount(s) claimed: ☐ Basic Life $_____ ☐ Basic Accidental Death & Dismemberment (AD&D) $ _____

☐ Supplemental Life $ _____ ☐ Supplemental AD&D $_____ ☐ Other $ _____

1. Name of employee _____
2. Employee address _____
3. Current salary $_____ per ☐ hour ☐ month ☐ week ☐ year Hours worked per week _____ ☐ FT ☐ PT
4. Social Security Number _____ Date of birth _____
5. Occupation _____ Date employed _____
6. Department_____ Effective date of coverage _____
7. Reason employee stopped work _____ Last day actively at work_____
   (if prior to date of death or dismemberment) Date employment terminated _____
8. Cause of death or dismemberment _____ Date of death or dismemberment_____
9. Was death or dismemberment due to accident? ☐ Yes ☐ No Last date premium paid for employee _____
10. Was conversion applied for? ☐ Yes ☐ No Was Waiver of Premium applied for? ☐ Yes ☐ No
11. Name(s) of beneficiary _____ Relationship _____ DOB if a minor _____
12. Beneficiary's address _____
13. Beneficiary's home phone _____ Work phone _____ SSN _____
14. Do you recommend payment of this claim? _____ Remarks _____

- I certify that the above employee met the eligibility requirements of the policy and was insured under the policy at the time of death or dismemberment.
- I am not a beneficiary nor am I related to the employee or to a beneficiary.
- I am an authorized employer representative and confirm that the above statements are true.
- I have read the attached fraud notice.

Name of Policyholder-Employer _____

Address _____

Phone_____ FAX _____ E-mail Address _____

Signature _____ Print Name_____

Title _____ Date _____

Please read the following notice that we are required by law to give to you.

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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 restitution fines or confinement in prison, or any combination thereof.

AR, LA, RI, WV: 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.

AZ: 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.

CA: For your protection California law requires the following to appear hereon: 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.

CO: 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.

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

DC: 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.

FL: Any person who knowingly and with 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.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD: 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.

NH: 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 RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: 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.

NY: The following applies to health insurance only: 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 five thousand dollars and the stated value of the claim for each such violation.

OK: WARNING: Any person who knowingly, and with 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.

PA: 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.

TN, VA, WA: 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.

TX: 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.