Guardian

Accident Death Claim Form

Group Accident Claims, PO Box 14315, Lexington, KY 40512
Customer Service: (800) 541-7846 Fax: (920) 749-6299
Documents can be returned electronically at www.GuardianAnytime.com. Click on "Secure Channel" on the Guardian Anytime home page.

CLAIMANT SECTION	**An original certified death certificate listing the cause and manner of death must be submitted.** If the life insurance is payable to an estate, minor, trust or if a primary beneficiary is deceased, please contact Guardian at (800) 541-7846.

1. Planholder/Employer Name			2. Plan Number(s) **G-**	
2. Deceased's Name			4. If claim is for a dependent spouse, please enter date of marriage / /	
5. Deceased's Date of Birth	6. Deceased's Place of Birth	7. Deceased's Soc. Sec. # - -	8. Cause of Death	9. Date of Death / /
10. Deceased's Address (street, city, state, zip)				
11. Your Relationship to Deceased	12. Do you claim this insurance as beneficiary? ☐ Yes ☐ No	13. If "no", in what capacity do you make this claim?		
14. Claimant's Full Name *(Please Print)*				
15. Claimant's Soc. Sec. # or Tax ID - -	16. Claimant's DOB / /	17.Claimant's Address		
18. Claimant's telephone No. Home: Home ( ) - Work ( ) - Cell ( ) -		19. Claimant's e-mail address (optional if preferred method of contact)		
20. Preferred method of contact: ☐ Home phone ☐ Cell phone ☐ Work phone ☐ Email				

1. **If the claim is payable, a check will be drawn out to you.**

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief; 2. I have read the applicable supplemental contract and disclosures; and 3. I have read the applicable Fraud Warning(s) provided in this form.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; 2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and 3. I am a U.S. citizen, or a U.S. resident for tax purposes.

(Please note: You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest and dividend income on your tax return.)

I make claim to The Guardian Life Insurance Company of America. I agree that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by Guardian are part of this Group Life Claim Form I agree that furnishing this form or any supplement to Guardian is not an admission by it that there was any insurance in force on the life of the person in question nor a waiver of any of its rights or defenses. I waive all provisions of law expressly forbidding any consumer reporting agency, the Medical Information Bureau, insurance or reinsurance company, or employer to release any and all medical and non-medical information about the deceased in its possession to The Guardian Life Insurance Company of America or its legal representatives. Medical information means all information in the possession of or derived from providers of health care, pharmacies or pharmacy benefit managers regarding the deceased's medical history, mental or physical condition, or treatment. I understand that Guardian will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing plan. Guardian will not release any information obtained to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be lawfully required or permitted, or as I may further authorize. I know that I may request and receive a copy of this authorization. I have the right to cancel this authorization in writing at any time. I understand that any information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal regulation governing privacy. I agree that a photocopy of the authorization shall be as valid as the original. I agree that this authorization is valid up to 24 months (12 months in Kansas).

"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. In New York the person 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."

BEFORE SIGNING THIS CLAIM FORM, PLEASE READ THE WARNING FOR THE STATE WHERE YOU RESIDE AND FOR THE STATE WHERE THE INSURANCE POLICY UNDER WHICH YOU ARE CLAIMING A BENEFIT WAS ISSUED.

The IRS does not require consent to any provision of this document other than the certification to avoid backup withholding. "Please Note: Your Social Security number is required for IRS tax reporting purposes. Your Social Security number will not be used or disclosed to anyone for any other purpose and will not be retained in any record other than that pertaining to the claim."

Signature: _____ Date: _____

PLANHOLDER/EMPLOYER SECTION	**Please enclose a copy of all beneficiary changes, the employee's original enrollment form and approved application (if applicable).**

1. Planholder/Employer's Address	2. Telephone Number with extension ( ) -
3. Email address:	4. Preferred method of contact ☐ Home phone ☐ Cell phone ☐ Work phone ☐ Email
5. If branch or affiliate, name and relationship of parent company:	6. Claim Branch (if applicable)

7. Employee/Member Name		
8. Employee/Member Social Security # - -	9. Employee//Member job title	10. Insurance Class

11. Annual salary as defined by your contract on the redetermination date of your plan $			
12. Insurance volume of the deceased $	13. Actual last Day Worked / /	14. Employee/Member schedule at last time worked _____ Hours per day _____ Days per week	15. Date of Death / /

16. Date of Employment / /	17. Date Employee/Member Insurance Effective / /	18. Date Dependent's Insurance Effective / /	19. Date Employment Terminated / /

20. If the employee/member was not actively at work immediately prior to his/her death, please indicate the reason:

☐ Leave of Absence ☐ FMLA ☐ Terminated ☐ Resigned
☐ Disability ☐ Retired (not due to disability) ☐ Retired due to disability ☐ Layoff
☐ Other _____

21. Do you recommend payment of claim? ☐ Yes ☐ No	22. Remarks	23. Authorized Signer's Email Address

24. I certify that the employee/member named above has been a full-time, active employee for whom premiums have been paid.

_____ _____
Authorized Signature and Title Date

Fraud Warning Statements

The laws of several states require the following statements to appear on the claim form:

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

Alaska: A 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.

Arkansas, West Virginia: 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.

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.

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.

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.

Connecticut, Iowa, Nebraska and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and 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.

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 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.

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.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

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 and Texas: 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.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or 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 or denial of insurance benefits.

Maine, Tennessee and Washington: 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 benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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 knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: 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.

Ohio: Any person who with intent to defraud or knowing that he/she 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.

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

Vermont: It is a crime for any person knowingly to provide material false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, for any person knowingly to provide material false, incomplete, or misleading information concerning the sale of insurance or the status of an insurer, or for any person to misappropriate the funds of an insured or an applicant for insurance. Penalties include imprisonment, fines, and denial of insurance benefits.

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.