



Insured's Name _____

Policy #'s _____

P.O. Box 4884
Houston, TX 77210-4884

PROOF OF DEATH – PHYSICIAN STATEMENT

NOTE: This medical certification follows the recommendation of the World Health Assembly made in Geneva on July 24, 1948. It has been accepted by all States in this country and in Canada. In the interest of accurate vital statistics, please conform to the International List of Causes of Death.

DECEDENT	1. Full name of deceased(print): _____ 2. Full residence address at time of death: _____ 3. Date of Birth: ____/____/____ 4. Date of Death: ____/____/____ 5. Place of Death: _____ (if hospital or institution please provide name and address)
CAUSE OF DEATH	6. Cause of Death: Enter one cause each for a, b and c. a.) Disease or condition directly leading to death: Interval between onset and death: ____years ____months ____days b.) Antecedent causes (morbid conditions, if any, giving rise to above cause of death): Due to: c.) Other significant conditions contributing to death but not related to the disease or condition causing death:
ATTENDANCE AND TREATMENT HISTORY	7. Date of first attendance in last illness: ____/____/____ 8. Date of last attendance in last illness: ____/____/____ 9. Was death due to accident, suicide or homicide? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide brief description: _____ 10. Was an inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. If "Yes" to #11, by whom and what were the findings? _____ 13. Have you treated or advised the deceased during the five (5) years prior to last illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies of your medical records for this time period. 14. Did the deceased, to our knowledge, receive treatment during the last five (5) years from any other physician, hospital or institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, please provide the following information: Names, addresses and telephone numbers of all physicians who attended the deceased during last illness and during the preceding five years: Provider Name: _____ Condition: _____ Date: ____/____/____ Address: _____ Telephone Number: (____)_____ Provider Name: _____ Condition: _____ Date: ____/____/____ Address: _____ Telephone Number: (____)_____ Provider Name: _____ Condition: _____ Date: ____/____/____ Address: _____ Telephone Number: (____)_____

I certify that the above statements are true and correct. **WARNING: 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. I also certify that I have read my current residential state fraud warning on the attached Claim Fraud Warning page if my state is listed on that page.**

Physician's Name (Print or Type) _____ Specialty: _____ TIN: _____

Physician's Address: _____ Fax Number: (____) _____ Telephone Number: (____) _____

Physician's Signature: _____ Date: ____/____/____



STATE FRAUD WARNING NOTICES

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.
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.
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
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
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 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.
MAINE	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.
MARYLAND	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
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 RSA 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 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
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 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 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.
OREGON	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 may be 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.
PUERTO RICO	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years
TENNESSEE, VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.
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.