

DEATH CLAIM - CLAIMANT'S STATEMENT (PART TWO)

5. DOCTOR/HOSPITAL INFORMATION

IF ANY POLICY IS LESS THAN TWO YEARS OLD OR IF THE DEATH WAS BY ACCIDENTAL MEANS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. Name of Doctor/Hospital: _____

2. Address: _____

3. City: _____

4. State: _____

5. Date of Death: _____

6. Cause of Death: _____

7. Name of Doctor: _____

8. Address: _____

9. City: _____

10. State: _____

11. Date of Death: _____

12. Cause of Death: _____

13. Name of Doctor: _____

14. Address: _____

15. City: _____

16. State: _____

17. Date of Death: _____

18. Cause of Death: _____

19. Name of Doctor: _____

20. Address: _____

21. City: _____

22. State: _____

23. Date of Death: _____

24. Cause of Death: _____

25. Name of Doctor: _____

26. Address: _____

27. City: _____

28. State: _____

29. Date of Death: _____

30. Cause of Death: _____

31. Name of Doctor: _____

32. Address: _____

33. City: _____

34. State: _____

35. Date of Death: _____

36. Cause of Death: _____

37. Name of Doctor: _____

38. Address: _____

39. City: _____

40. State: _____

41. Date of Death: _____

42. Cause of Death: _____

43. Name of Doctor: _____

44. Address: _____

45. City: _____

46. State: _____

47. Date of Death: _____

48. Cause of Death: _____

49. Name of Doctor: _____

50. Address: _____

51. City: _____

52. State: _____

53. Date of Death: _____

54. Cause of Death: _____

FRAUD WARNING NOTICES

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01601 (03303A
material thereto commits a fraudulent insurance act, which is a crime.

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01601 (03303A

WE/E/WvVA/VA/3303303 (PS
01601 (03303A

VIRGINIA: WARNING: ANY PERSON WHO, WITH THE 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 HAVE VIOLATED THE STATE LAW.