

CLAIMANT:	SUBMIT:
Funeral Home claiming all proceeds	Preneed Claim Form (Additional state specific requirements, if required)
Funeral Home claiming partial proceeds, with excess proceeds being paid to a non-funeral home payee	Preneed Claim Form and the Beneficiary Claim Form (Additional state specific requirements, if required)
Funeral Home not claiming proceeds	Beneficiary Claim Form and supporting documents (Additional state specific requirements, if required)

State Specific Instructions

Illinois: For certificates of insurance irrevocably assigned to a trust to fund a guaranteed-price prepaid funeral or burial contract, upon the death of any insured who was receiving government assistance, the State of Illinois will receive any proceeds remaining payable under the certificate after payment of the designated amount for funeral goods and services up to an amount equal to the total medical assistance paid on behalf of the insured.

Indiana: Please include a copy of the certified death certificate or burial permit is required.

Louisiana: Please include the policy/certificate number with a certified copy of the death certificate. Payment of the death claim is conditioned upon submission of a certified copy of the death certificate.

Kansas: For all irrevocable life insurance policies/certificates, please include the Kansas Excess Benefits Claim Form Addendum when excess proceeds will be paid to a beneficiary.

Kentucky: Please include a copy of the certified death certificate or provisional report of death.

Massachusetts: Please include a copy of the certified death certificate.

New Jersey: For policies/certificates issued after February 27, 2000, if at the time of death the insured was receiving public assistance, any excess proceeds not subject to the assignment to Funeral Firm are to be paid to the State of New Jersey. If the insured was not receiving public assistance, excess proceeds are to be paid to the designated beneficiary. If the insured's estate is named as beneficiary, we may pay excess benefits to a relative of the insured instead of the estate itself. Therefore, if the estate is named as beneficiary, please indicate who should receive any excess.

Additional Information

- 1) Please provide a death certificate if the policy/certificate was underwritten, or preferred rate AND insured died within two years of issue OR from an accidental death or suicide.
- 2) We reserve the right to request the original itemized statement of funeral goods and services and a certified copy of the death certificate before benefits are paid.
- 3) Any quote which you are given is only an estimate of death benefits available.

Top 3 Overlooked Items:

- Amount of Benefits Claimed**
- Witness Signature and Relationship
- State specific requirements (*Refer to State Specific Instructions above*)

This Preneed Claim Form can be submitted as follows:

U.S. Mail

Forethought Life Insurance Company
 P.O. Box 216
 Batesville, IN 47006

Private Express Carrier:

Forethought Life Insurance Company
 One Forethought Center
 Batesville, IN 47006

Via Fax:

Please fax to (888) 425-2463

Via Email

Please email to insuranceclaims@gafg.com

Questions? Please Call:

(800) 959-6886





To expedite processing of this claim, please ensure all sections of this form are completed.

(If excess benefits are being claimed by a Beneficiary, the attached Excess Benefits Claim Form Addendum is required.)

Section A: Policy/Certificate Holder Information

Policy/Certificate Number		Name of Insured	
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Social Security Number	
Cause of Death*: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide			

Section B: Funeral Firm Information

Amount of Benefits Claimed	\$		
Funeral Firm Name			
Address	City/Town	State	Zip Code
Telephone Number	Email Address ¹		
Mail check for excess benefits or correspondence to: <input type="checkbox"/> Agent (for delivery to Beneficiary) <input type="checkbox"/> Beneficiary			
¹ Email address will only be used for pending claim notifications; ACH notifications will be sent to the address on file.			

Section C: Payment Authorization
Authorization of Payment for Funeral Goods and Services

I certify that the above information is true to the best of my knowledge and that the funeral goods and services were furnished. I further certify that the amount of benefits claimed is in accordance with the terms of the funeral planning agreement if applicable. I understand that Forethought Life Insurance Company reserves the right to request more information or a certified copy of the death certificate. I have read and understand the State Specific Instructions, if applicable, and I have read and understand the Fraud Warnings and State Notices given to me with this claim form.

 Signature of Funeral Director Date (mm/dd/yyyy)

I certify that the Funeral Firm provided funeral goods and services for the insured and understand that the Funeral Firm is entitled to the amount listed above.

 Witness's Signature (non-funeral home representative signee) Date (mm/dd/yyyy)

 Relationship to Insured Witness's Telephone Number

Michigan Only: I hereby certify I am a representative of the insured's estate and authorize the release of the proceeds of the above-referenced policy to the funeral firm for payment of the goods and services provided.

(Initials)



Fraud Warnings & State Notices**California Residents – Reg. 789.8**

The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

Colorado Residents

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 any 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 Department of Regulatory Agencies.

District of Columbia Residents

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.

Hawaii, North Dakota, Pennsylvania Residents

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

Kansas Residents

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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

Kentucky Residents

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.

Maine and Tennessee Residents

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.

Massachusetts, New Mexico, Louisiana and Rhode Island Residents

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.

New Jersey Residents

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Virginia Residents

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.

All Other States

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 fines and confinement in prison.