



DEATH CLAIM FORM

PO Box 5649
Abilene, TX 79608
Fax: 325.695.3696
Email: claims@funeraldirectorslife.com
Hotline: 800.692.2808

Claim Filing Instructions:

- Call the home office for death claim quote
- Complete claim form and email to claims@funeraldirectorslife.com
- Email copy of certified death certificate to FDLIC within 30 days of claim submission
- If the funeral home is not the beneficiary and beneficiary is assigning proceeds, **the beneficiary must complete Section A**
- If in the contestability period, claimant must submit a copy of the certified death certificate before payment will be made
- If no beneficiary is listed on the application, the spouse or all living children complete Section A
- A W9 must be submitted for the funeral home and beneficiary if not already on file with home office
- Claims submitted within 20 business days of policy issue may be delayed
- IN and TN must submit funeral bill with claim form

Insured's Name: Bette L Williams Policy #: IL1242406

Social Security #: ***-**-0373 Birthdate: 7/23/1937 Date of Death: 7/20/2020

Amount to be paid to Funeral Home: Full Death Benefit Amount: \$ 11,267.34 Retail Cost of Funeral: \$ _____

Excess amount is paid to the beneficiary if listed or to the estate of insured. Mail excess payment to: Funeral Home or Name: _____

Address: _____
Street Name City State Zip

I certify that the policy has been destroyed or lost, or Policy is attached.

Recipient of State Aid: Yes No Unknown In Contestability Period: Yes No

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.

Section A - Assignment (not necessary if funeral home is beneficiary to policy)

I, _____, the undersigned, do hereby authorize FDLIC to pay _____ (Funeral Home) _____ (Funeral Home address), the sum of \$ _____, from the above policy. This amount will be applied to the funeral expenses of the deceased. The amount in excess of the funeral expenses will be paid to the beneficiary of said policy or estate of the insured. This instrument, when proceeds are paid to the funeral home, shall release the insurance company of all liability. To the best of my knowledge and belief, I certify that all information contained in this claim form is true, complete, and correctly recorded.

Signature of Said Beneficiary, if named on the application or Family Legal Representative: _____ Date: _____

Section B - Funeral Home Information and Certification (funeral home must complete)

Funeral Home Name: Fippinger Funeral Home
 Phone #: 309.582.2315 Email: tharris@mtco.com
 Address: PO Box 707 Roanoke IL 61561-0707
 Street Name City State Zip

I certify that the insured named above has died. The funeral home indicated herein has fully and completely delivered the funeral service and/or merchandise in the amount specified above. To the best of my knowledge and belief, I certify that all information contained in this claim form is true, complete, and correctly recorded.

Scott D Fippinger [Signature] 7-27-2020
 Funeral Home Representative Name Signature Date