

Brighthouse

FINANCIAL

Individual Life Death Claim Form

In order to process your claim as quickly as possible we need some information about you and the insured.
Please complete this claim form and return it with a certified copy of the insured's death certificate

Information about the Insured		
1. Name	2. Date of Death	
3. Address		
4. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
5. Date of Birth	6. Place of Birth	
7. Policy Number(s)		
Information about the Claimant		
1. Name	2. Date of Birth	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Mailing Address		Email Address
5. Social Security Number/Tax ID Number		6. Phone Number Day: Evening:
7. Relationship to Insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:		
If the person who was insured died as the result of an accident, please provide the following information.		
1. When did the accident happen?	Date	at (a.m./p.m.)
	(Month) (Day) (Year)	(Hour)
2. Where did the accident happen?	City	State
3. Please give a brief description of the accident:		

Signature Required on Next Page

For contracts issued in Illinois only:

Unless a payment is made by the Company on this claim within thirty-one (31) days after receipt of due proof of loss, interest on the claim settlement will accrue at the rate of 10% from the date of death to the date of payment for the total amount payable.

Claimant's Signature & Tax Certification

I have read the applicable Claim Fraud Warnings provided in this form.

For New York Residents: 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 or civil penalties

Under the penalties of perjury I certify:

1) That the number shown above is my correct taxpayer identification number; and 2) That I am not currently 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 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 or dividend income on your tax return.)*

**If you are not a U.S. Citizen or a U.S. resident for tax purposes, please complete form W-8BEN.*

Please sign below:

Claimant's Signature

Date