



UNITY FINANCIAL LIFE INSURANCE COMPANY

Headquarters and Claims Offices: P.O. Box 625700, Cincinnati, OH 45262

Phone: (877) 523-3231 Fax: (513) 247-5040

CLAIMANT'S STATEMENT

Instructions: Please fax this form with the death certificate to **(513) 247-5040**. Where required, also fax a certified copy of the bill for goods and services rendered.

To: Unity Financial Claim Department

Name of Deceased: _____ Policy #(s): _____

Maiden or Other Names Known By: _____

Date of Death: _____ Insured's Social Security #: _____

Immediate Cause of Death: _____ Natural _____ Accidental _____ Suicide

Funeral Home: _____ Tax ID #: _____

Address: _____ Phone #: _____

Certification: Under penalties of perjury, I certify that (a) the number shown on this form is my correct Taxpayer Identification Number, and (b) to the best of my knowledge, I am not subject to backup withholding. [If you are subject to backup withholding, cross out the words after (b).]

The amount of the funeral bill is: \$ _____. This Funeral Home hereby certifies that it has completely and satisfactorily performed all services, duties and obligations required of it in connection with the above funeral and that it is therefore entitled to receive the proceeds from the policy or certificate listed above.

Please pay the proceeds as follows:

_____ **One check** to the Funeral Home.

_____ **Two checks:** One to the Funeral Home for the amount of the funeral and one to the beneficiary for any remaining benefit. Beneficiary's address, if known by the Funeral Director: _____

_____ **Direct Deposit:** *Funeral Home* Please provide a voided check along with the claim if a voided check is not currently on file.

NJ Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **PA, OH, IL & MN 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 and civil penalties.

NJ Only: Does this decedent qualify for the Medicaid Pre-Need Funeral Resource Exclusion Law? _____ Yes _____ No

I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge.

Funeral Director's Signature: _____ **Date:** _____