



Life Insurance Claims

Life Beneficiary Package

FILING A CLAIM FOR LIBERTY LIFE INSURANCE BENEFITS

What this package provides: This Life Beneficiary Package will help you apply for your Liberty Life Assurance Company of Boston (“Liberty”) Group Life insurance benefits. This package explains the choices available to you, and provides easy-to-follow instructions for completing the included claim form.

Please take the time to review this information. It explains the steps you need to complete in order to allow Liberty to process your claim in a timely and efficient manner.

Included: ■ Beneficiary Claim Form (DP 613 GL)

Where to call with questions: If you have additional questions or need assistance, you can call the Group Life Claims Unit at 1-888-787-2129, between 8:00 A.M. and 5:00 P.M. (Eastern Standard Time), Monday through Friday.

HOW TO SUBMIT A GROUP LIFE INSURANCE BENEFITS CLAIM

Step	Items to Complete
1	Complete the Group Life Insurance Claim Form – Beneficiary Statement (DP 613 GL). <i>Note: If there is more than one beneficiary, each beneficiary should complete a form.</i>
2	If the beneficiary is an estate , attach a copy of the court order appointing the executor or administrator. If the beneficiary is a trust , attach a copy of the trust document. If the beneficiary is a minor (not of legal age), a guardian of the minor’s estate must be appointed. Attach a certified copy of the court order appointing the guardian of the estate.
3	If the cause of death is listed as “accident” on the death certificate, attach a copy of all relevant reports (if available), which may include: accident, police, incident, witness statements, autopsy and/or toxicology report, and medical records. In some instances, we may require medical information. If this is necessary, a representative from Group Life claims will contact you.
4	Sign the Group Life Insurance Claim Form – Beneficiary Statement (DP 613 GL).
5	If you have not already done so please attach a copy of the Death Certificate. If the Death Certificate is not legible, we may require the original. Your completed Beneficiary Statement and Death Certificate can be emailed to GBLCDocs@LibertyMutual.com or faxed to 1-603-427-1888.

Group products and services are offered by Liberty Life Assurance Company of Boston, a member of Liberty Mutual Group.



Group Benefits Life Claims
 Liberty Life Assurance
 Company of Boston
 P.O. Box 7212
 London, KY 40742-7212
 1-888-787-2129
 Fax #: 1-603-427-1888

Beneficiary Statement

Please complete all applicable information. This must be completed by the person or persons making claim, and accompanied by a certified copy of Certificate of Death, unless already submitted.

Deceased Name	Social Security #	Claim #

General Claim Information

If the beneficiary is an estate or a minor, the appropriate legal representative (executor, administrator or guardian of estate) should complete this statement. This statement must be completed by the person legally entitled to receive the money, who must state in what capacity he or she makes the claim - whether as Beneficiary named, Assignee, Executor Administrator, Guardian, or Trustee. If the beneficiary is not of legal age, a Guardian must be appointed. A certified copy of the court order appointing the legal representative should be sent with this claim form.

If a trust is the beneficiary, attach a copy of the trust agreement and a letter that verifies that the trust is still in effect. Unless already submitted, after completing this form, please attach a certified copy of the death certificate of the insured and return these documents to Liberty Mutual.

Beneficiary Name		Date of Birth	Social Security #	
Address		City	State	Zip
Home Telephone #	Cell #	Relationship to Insured		

SETTLEMENT OPTIONS

Lump-Sum Check
 Receive a lump-sum check for a total amount of benefits payable.

Liberty Security Account®
 If you are eligible, we will pay total benefits of \$10,000 or more through a Liberty Security Account®, an interest bearing account established in your name. You can immediately access all or a portion of your funds by writing drafts from the draft book you will receive.

If a payment option is not selected, or the total benefits payable are less than \$10,000, we will automatically send you a lump-sum check

COMPLETE IF the beneficiary is a Minor, Estate or Trust:

In what capacity, or under what title do you make claim? _____

Name				
Address		City	State	Zip
Telephone #:		Social Security #/Tax ID #:		

The Company reserves the right to require or obtain such additional evidence as may seem necessary. Before transmitting these papers to the Company, review all answers carefully and see that any necessary papers are attached in accordance with the instructions given above.

If the Social Security # or Taxpayer ID # is not supplied, Federal and State income tax withholding may apply. Under penalty of perjury, I certify that the above information is true, correct and complete.

THE ABOVE ANSWERS ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SPECIAL NOTICE: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Beneficiary Signature _____ **Date** _____

Fraud Statements

Residents of all states EXCEPT those listed below: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, submits an application or files a statement of claim containing any false, incomplete or misleading information commits a fraudulent insurance act and may be subject to criminal or civil penalties.

AZ: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. Any person who knowingly makes a false or fraudulent statement or representation in or relative to an application for life or disability insurance is guilty of a class 2 misdemeanor.

CO: 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 an 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 division of insurance within the department of regulatory agencies.

DC/LA/TX: 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 fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MD: 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.

ME/TN/VA/WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

NY: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH: Any person who, with 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 is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: 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.