Proof of death

Blue Shield of California Life & Health Insurance Company

ATTN: Life Claims
4203 Town Center Blvd
El Dorado Hills, CA 95762

(888) 800-2742

NOTE: Please complete the entire claim form. This form cannot be processed if information is incomplete. Please print using ink.

Section 1

Name of deceased	Social Security number	Date of birth
If dependent claim, name of employee	Social Security number of employee	Date of death

Amount of insurance being claimed (specify amounts claimed for Life, AD&D, Supplemental, etc.)
☐ Life _____ ☐ AD&D _____ ☐ Supplemental _____

Subscriber ID

Job classification of employee

Monthly or annual salary (exclusive of overtime, bonuses, and other extra compensation)
☐ Monthly _____ ☐ Annual _____

Hire date	Effective date of employee's insurance	Date employee last reported for work	Last month for which premium was paid for this employee or dependent

Group policy no.	Reason for employee stopping work

Was life insurance in force at date of death? ☐ Yes ☐ No
If not in force, date discontinued: _____

Did the employee have a waiver of premium (continued life insurance) claim with Blue Shield Life? ☐ Yes ☐ No

Date of last salary increase	Average hours worked	Amount of monthly premium paid	Settlement options ☐ Lump sum ☐ Installments

Section 2 – Beneficiaries

Name	Social Security number		Date of birth	% of benefits
Address (number, street, apartment)	City	State	ZIP code	Telephone no.
Name	Social Security number		Date of birth	% of benefits
Address (number, street, apartment)	City	State	ZIP code	Telephone no.
Name	Social Security number		Date of birth	% of benefits
Address (number, street, apartment)	City	State	ZIP code	Telephone no.

Section 3 – Signatures

Remarks

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.
Dated _____ Employer (Group) name _____

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Forms to be attached:

1. Original Enrollment Form and Beneficiary Change Request forms (be sure to include all which pertain to this insurance.)
2. Certified Death Certificate (has the stamped or embossed seal of the Health Department). If the Death Certificate indicates 'Pending," an amended Final Death Certificate to the original will be required indicating cause of death.
3. For AD&D claims: Coroner, toxicology, and police/accident reports, and other information (if available) regarding the accident.
4. Eligibility Verification Documents (Paycheck stubs showing number of hours worked, taxes deducted, benefit contributions.) Include last pay period deceased worked full time, along with the previous two (2) months.
5. IRS form W-9 must be completed by each beneficiary including name, full address, SSN, signed, and dated.

_____
Signature of administrator of group

_____
Administrator's name

_____
Phone number

_____
Street address

_____
City State ZIP code

_____
Email Address

Proof of death *(continued)*

Special instructions

1. All death claims must be accompanied by an original certified death certificate listing manner and cause of death. A copy of a certified death certificate cannot be accepted. If the Death Certificate indicates "Pending," an amended Final Death Certificate to the original will be required indicating the cause of death.
2. If death resulted from anything other than natural causes (i.e., accident, homicide), a copy of the official investigative reports (i.e., police, accident, coroner's report including toxicology, fire, FAA) must accompany or follow the claim. AD&D benefits cannot be paid on any claim without an investigative report regarding the insured person's/dependent's death. If your group contract contains an alcohol drug exclusion, a toxicology report will be required.
3. Groups must submit the enrollment form and copies of any beneficiary changes.
4. Each beneficiary over the age of 18 is required to complete an IRS form W-9.

If primary beneficiary has died

5. If the primary beneficiary is no longer living – a copy of the certified death certificate must accompany the claim before payment can be made to the contingent (secondary) beneficiary or to the estate. If the contingent (secondary) beneficiary is also deceased, a copy of that certified death certificate will also be required.

If there is no beneficiary

6. If no beneficiary is named, or if no beneficiary survives the insured person – payment will be made to the insured person's estate unless a preference beneficiary affidavit is completed.

If payment is to be made to an estate

7. Court documents of appointment must be forwarded to Blue Shield Life before payment can be made to the estate. The court documents must name the personal representative of the estate (called the executor, executrix, administrator, or other court designated title) to whom benefits can be paid.

If payment is made to a trust

8. If payment is to be made to a trust, a copy of the trust document must be provided with the claim. Such documents should designate the trustee to whom proceeds will be paid.

If payment is in installments

9. All or part of the death benefit may be received in installments provided that the amount applied under a settlement option must be at least $10,000 and must be sufficient to provide a payment of at least $100 per month.

If beneficiary is a minor child

10. A minor lacks capacity to sign a binding release of an insurance contract. Only the lawfully appointed guardian/representative of a minor may give release for the payment to a minor. Life insurance benefits, therefore, cannot be paid to anyone who has not reached the age of majority. If guardianship documents are not secured, the proceeds will be held until the beneficiary reaches the age of majority of Minor's Estate, unless state statutes (i.e., the Uniform gifts/transfers to minors act) in the appropriate jurisdiction allow for other payment provisions to be used. Copies of such applicable statutes should accompany the claim.