blue of california

BENEFICIARY AFFIDAVIT

For Blue Shield of California Life & Health Insurance Company

4203 Town Center Blvd., El Dorado Hills, CA 95762 (888) 800-2742

Note: Please complete the entire enrollment form. This form cannot be processed if information is incomplete.
Important: Please print all sections in black ink.

Name of Deceased	Group Policy Number	Social Security Number

Note: This affidavit is to be used whenever no beneficiary was designated or no designated beneficiary survived said deceased. It is to be completed only by the person or one or more of the persons within the first surviving class of the following classes of successive preference beneficiaries of said deceased: (1) widow or widower; (2) children; (3) parents; (4) brothers or sisters; (5) executor or administrator.

State of _____

County of _____

The undersigned being first duly sworn depose(s) and say(s):

That _____ an Individual insured under Blue Shield of California Life & Health Insurance Company

Policy No. _____, died on the _____ day of _____, 20_____;

that the following was (were) named as beneficiary (beneficiaries) for such insurance:

_____

_____

That no said beneficiary survived said Insured (set forth date of death of each said beneficiary and attach certified copy of official death certificate).

_____

_____

WIDOW OR WIDOWER

That the undersigned is the surviving spouse of the deceased person named above.

The date of my birth is _____ Signature _____ Date _____

CHILDREN (ALL CHILDREN, NATURAL OR ADOPTED, MUST SIGN)

That said deceased left no surviving spouse, that undersigned is (are) one or more of the children of deceased, and that deceased left no surviving children other than undersigned and those listed above my (our) signature(s):

Name _____ Address _____ Date of Birth _____

Name _____ Address _____ Date of Birth _____

Signature _____ Date _____

Signature _____ Date _____

FATHER AND MOTHER (BOTH PARENTS, NATURAL OR ADOPTED, IF LIVING MUST SIGN)

That said deceased person above left no surviving spouse or child, that undersigned is (are) one or both of the parents of deceased, and that deceased left no surviving parents other than undersigned and those listed above my (our) signature(s):

Name _____ Address _____ Date of Birth _____

Name _____ Address _____ Date of Birth _____

Signature _____ Date _____

Signature _____ Date _____

BROTHERS OR SISTERS

That said deceased person above left no surviving spouse, child, or parent, that undersigned is (are) one or both of the brothers and sisters of deceased, and that deceased left no brothers and sisters other than undersigned and those listed above my (our) signature(s):

Name _____ Address _____ Date of Birth _____

Name _____ Address _____ Date of Birth _____

Signature _____ Date _____

Signature _____ Date _____

EXECUTOR OR ADMINISTRATOR (COURT DOCUMENTS OF APPOINTMENT NEEDED)

That said deceased person named above left no surviving spouse, child, parent, brother, or sister, and that the undersigned is (are) the executor(s) or the administrator(s) of the estate of said deceased:

Name _____ Address _____ Date of Birth _____

Name _____ Address _____ Date of Birth _____

Signature _____ Date _____

Signature _____ Date _____

In consideration of payment of the benefit provided in the Policy, I (we) do forever release, acquit and discharge Blue Shield of California Life & Health Insurance Company, its successors and assigns, of and from any and all causes of action, claims and demands arising out of or in any way connected with any and all insurance issued on the life of the above named Insured Member, now deceased.

Some states require this statement on claims forms: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties. In Florida fraud is a felony.

Subscribed and sworn to before me this _____ day of _____, 20_____;

(SEAL)

_____

Notary Public or other official authorized to administer oaths

My commission or term expires _____

An Independent Licensee of the Blue Shield Association CPC1018 (12/09)