

Nassau Life Insurance Company

Life Insurance Claimant's Statement



CLAIMS DEPARTMENT . P.O. Box 22012 . Albany, New York 12201-2012 . 1-877-815-8097 .

SECTION A.

Name Of Deceased		Contract Number(S)	Amount(S)
Residence Address		City	State And Zip Code
Date Of Birth	Source From Which Birthdate Obtained <small>(Birth Certificate, Town Records, Etc)</small>		Place Of Birth
Date Of Death	Cause Of Death		Place Of Death
Other Life, Sickness or Accident Insurance in force at time of death. Names of Companies and Amounts.			

SECTION B.

If death occurred during the contestable period of the policy, please complete this section. List all physicians or hospitals who treated or attended the insured during the past 5 years.

DOCTOR OR HOSPITAL	ADDRESS	DURATION	
		FROM	TO

SECTION C.

I hereby make claim to Nassau Life Insurance Company and agree that the written statements and affidavits of all physicians who attended or treated the deceased and all other papers called for by the company shall constitute and are hereby made part of these proofs of death, and further agree that the furnishing of this form or any forms supplemental thereto by the company shall not constitute, nor be considered, an admission by it that there was any insurance in force on the life of the person in question nor a waiver of any of its rights or defenses.

I certify that the Taxpayer Identification Number (Social Security Number) shown on this form is correct.

WARNING: 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.

Claimant's Printed Name Claimant's Street Address City State Zip Code

Claimant's Signature Claimant's Social Security/TIN # Claimant's Date of Birth Claimant's Telephone #

Dated at _____ this _____ day of _____
City State Day Month Year

REFER TO THE INSTRUCTIONS PAGE FOR ASSISTANCE IN COMPLETING THIS FORM

Nassau Life Insurance Company

P.O. Box 22012

Albany, NY 12201-2012

Claim Form Fraud Notices

Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, New Mexico, Ohio, Oklahoma, Oregon, Tennessee, Texas, Washington, West Virginia: Any person who, knowingly with intent to defraud any insurance company or other person files a 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 may subject such person to criminal and civil penalties, and denial of insurance benefits.

Arizona: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California, Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: 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.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maryland: 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.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: WARNING: 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.

North Carolina: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Pennsylvania: 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.

ALL OTHER STATES: We are required to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto, commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.