



**GROUP LIFE CLAIM KIT
FOR PROCESSING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS**

INSTRUCTIONS FOR FILING A GROUP LIFE CLAIM

PLEASE SUBMIT THE FOLLOWING:

1. THE CLAIM FORM (PAGE 2) FULLY COMPLETED BY THE EMPLOYER AND THE NAMED BENEFICIARY AND SIGNED WHERE INDICATED.
2. A CERTIFIED DEATH CERTIFICATE OF THE INSURED. PHOTOCOPIES ARE NOT ACCEPTABLE. THIS NORMALLY CAN BE OBTAINED THROUGH THE FUNERAL DIRECTOR.
3. THE ORIGINAL ENROLLMENT CARD COMPLETED BY THE INSURED ON WHICH THE BENEFICIARY DESIGNATION HAS BEEN MADE AS WELL AS ANY CHANGE OF BENEFICIARY STATEMENTS. THE ORIGINAL FORMS MUST BE SUBMITTED. PHOTOCOPIES ARE NOT ACCEPTABLE.
4. THE INSURANCE CERTIFICATE ISSUED TO THE INSURED, IF AVAILABLE.
5. IF CLAIM IS BEING MADE FOR ACCIDENTAL DEATH BENEFITS, THEN PAGE 3 MUST ALSO BE FULLY COMPLETED BY THE NAMED BENEFICIARY. APPLICABLE POLICE REPORTS AND NEWSPAPER ARTICLES SHOULD ALSO BE ATTACHED.
6. HIPAA AUTHORIZATION FORM SHOULD BE FULLY COMPLETED BY THE NAMED BENEFICIARY OR NEXT OF KIN IF NAMED BENEFICIARY IS NOT THE NEXT OF KIN.
7. REVIEW THE "FRAUD WARNING NOTICES" FOR YOUR STATE.

INSTRUCTIONS FOR FILING A DEPENDENT LIFE CLAIM

PLEASE SUBMIT THE FOLLOWING:

1. THE CLAIM FORM (PAGE 4) FULLY COMPLETED BY THE EMPLOYER AND THE NAMED BENEFICIARY AND SIGNED WHERE INDICATED.
2. A CERTIFIED DEATH CERTIFICATE OF THE DEPENDENT. PHOTOCOPIES ARE NOT ACCEPTABLE. THIS NORMALLY CAN BE OBTAINED THROUGH THE FUNERAL DIRECTOR.
3. A PHOTOCOPY OF THE ORIGINAL ENROLLMENT CARD COMPLETED BY THE INSURED WHICH INDICATES THAT DEPENDENT COVERAGE HAS BEEN ELECTED.
4. HIPAA AUTHORIZATION FORM SHOULD BE FULLY COMPLETED BY THE NAMED BENEFICIARY OR NEXT OF KIN IF NAMED BENEFICIARY IS NOT NEXT OF KIN.

IF YOU SHOULD NEED ASSISTANCE IN THE COMPLETION OF THE CLAIM FORM
PLEASE CALL (800) 669-2668 EXT. 417

BOSTON MUTUAL LIFE INSURANCE COMPANY
120 ROYALL ST, CANTON MA 02021
781-828-7000 or 1-800-669-2668

Group Life Claim

Employer's Statement

Name of Insured: _____ Group Policy No: _____ Div: _____

Is Insured known by any other name: Yes No If yes, please advise: _____

Address of Insured: _____ Certificate No: _____

Date Insured Last Worked: _____ Date of Death: _____ Amount of Insurance: _____

No. of Hours worked each week: _____ Annual Earnings as of date last worked: _____

Reason for leaving work: Disability Resignation Vacation Leave of Absence
 Retired Lay Off Dismissed Other _____
 (Specify)

Was Insured an Employee at time of death? _____ Insured's Occupation: _____

Date Employed: _____ Date of Birth: _____ Effective Date of Insurance: _____

Was Insurance terminated prior to death? _____ If so, date of termination and reason: _____

I hereby certify that the date through which premium for this Insured has been paid is: _____
 (mo-day-yr)

 Signature of Authorized Representative

Town Of Lexington
 1625 Massachusetts Ave
 Lexington, MA 02420-3801
 781-862-0500 x276

 Sr

 A

 Zip

Beneficiary's Statement (If more than one beneficiary, kindly attach an additional beneficiary statement)

Name of Beneficiary stated on Latest designation by Employer	Date of Birth:	Beneficiary's Social Security No.	Relationship
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Beneficiary's Address _____

Mailing Address, if different _____

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. By signing below, you agree under penalties of perjury that the information in this statement is complete and true to the best of your knowledge. Please refer to "Fraud Warning Notices" insert for your state.

X _____ / _____ / _____
 Signature of Beneficiary Printed Signature Date

PLEASE BE ADVISED THAT PROCEEDS MAY BE DELIVERED THROUGH THE EMPLOYER NOTED ABOVE

FRAUD WARNING NOTICES

For use with Claim Forms

PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

ALASKA: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

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

DELAWARE: 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.

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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

LOUISIANA: 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

FRAUD WARNING NOTICES (CONT.)

For use with Claim Forms

PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 or 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.

OHIO: 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.

OKLAHOMA: 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.

OREGON: 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 may be guilty of insurance fraud.

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.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TENNESSEE: 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.

TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.

ALL OTHER STATES: 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.