



Corporate Address:
Harleysville Life Insurance Company
 355 Maple Avenue, Harleysville, PA 19438
 Tel 800.222.1981 www.harleysvillegroup.com

Please mail forms to the
 Administrative Address:
Harleysville Life Insurance Company
 P.O. Box 249, Harleysville, PA 19438-0249

APPLICATION FOR LIFE INSURANCE PROCEEDS

Furnishing or retaining this completed form by Harleysville Life Insurance Company shall not operate as a waiver of any rights or defenses which Harleysville Life may have under any policy.

BENEFICIARY CLAIM STATEMENT

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BENEFICIARY	DECEASED
POLICY NO(S).	

Please attach a **certified death certificate**

INSURED INFORMATION *(please print)*

DATE OF DEATH	CAUSE OF DEATH	DATE OF BIRTH
PLACE OF DEATH (CITY & STATE)		
LEGAL RESIDENCE (STREET ADDRESS, CITY, STATE & ZIP)		

PAYMENT INFORMATION

1. A lump sum check will be sent to you.

PAYEE INFORMATION *(Please Print) (One Person Per Form)*

FULL NAME		DAYTIME PHONE NO.	
STREET ADDRESS	CITY	STATE/ZIP	
RELATION TO DECEASED		BIRTHDATE	
TAXPAYER ID NO. (SOCIAL SECURITY NO.)			

SIGNATURE REQUIRED ON PAGE 2

See Page 2 for FRAUD WARNINGS as well as OTHER IMPORTANT INFORMATION AND SIGNATURE LINE

BENEFICIARY CLAIM STATEMENT

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Accidental Death – please attach a newspaper clipping reporting the accident, and an autopsy and police report if applicable.

If the insurance is payable to an executor, administrator or guardian, an official certificate of the appointment and qualification must accompany this form. If payment is affected by the prior death of a beneficiary, an official death certificate for such beneficiary must accompany this form.

FRAUD WARNINGS:

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

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.

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.

Indiana: Any 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.

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 N.H. Rev. Stat. Ann. Section 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.

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.

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.

Tennessee and 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.

All other states: 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.

Certification – under the penalties of perjury, by signing below I certify (1) that the number shown on this form is my correct Taxpayer Identification Number, and (2) that I am not subject to backup withholding because (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) if I ever was so notified, the IRS has notified me that I am no longer subject to backup withholding.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature

Date