

PREFERENCE BENEFICIARY'S AFFIDAVIT

Submit to:
Attn:



GROUP BENEFIT
SOLUTIONS

Life Insurance Company of North America,
Connecticut General Life Insurance Company,
New York Life Group Insurance Company of New York,

THIS FORM MUST BE NOTARIZED

Important: affidavit should be completed by a person who is a member of the first surviving class of the classes of beneficiaries described in questions, 2,3, or 4 below who need only answer the questions up to and including the class of which he/she is a member. If none of those classes survives, than all questions must be completed by the executor or administrator of the insured's estate. If additional space is required, use reverse side showing number of question being answered.

_____ being first duly sworn, dispose and
says:
(Name of Person Making Affidavit and Relationship to Insured)

That _____, born on _____ who died on _____ was insured under Policy No. _____

In connection with the Group Life Insurance and/or Accidental Death and Dismemberment Policy of

I understand that in the absence of a beneficiary designated by the Insured or surviving at the death of the Insured, payment will be made in accordance with the terms of the applicable policy.

That for the purpose of inducing the insured to recognize the person(s) named herein as potential beneficiaries entitled to payment under the policy, the undersigned does answer as follows and agrees to reimburse the Insurer for any improper payment which is made based upon the information contained in the affidavit.

Question	Answer (Use back of form if needed)
<p>1. Did the Insured designate a beneficiary who predeceased him? <input type="checkbox"/> YES <input type="checkbox"/> No <i>If "YES" give name, relationship, and date of death.</i></p>	<p>Name: _____ Relationship: _____ Date of Death: _____</p>
<p>2. Did the Insured leave a widow or widower surviving? <input type="checkbox"/> YES <input type="checkbox"/> No <i>If "YES", completed as indicated</i></p>	<p>Name: _____ Address: _____ (Street) (city) (State) (Zip Code) Date of Birth: _____ Social Security Number _____ Date of Marriage to Employee: _____ Type of Ceremony: _____ Date of Death (if applicable): _____</p>
<p>3. If the answer to Question 2 is "No", was the Insured survived by any children (including illegitimate and legally adopted children and excluding Step-children)? <input type="checkbox"/> YES <input type="checkbox"/> No Total number of Children _____ If "Yes", give their names, addresses, dates of birth, social security numbers and date of death if applicable <i>(Use reverse side if needed)</i></p>	<p>1. Name: _____ Address: _____ (Street) (city) (State) (Zip Code) Date of Birth: _____ Social Security Number : _____ Date of Death (If applicable): _____ 2. Name: _____ Address: _____ (Street) (city) (State) (Zip Code) Date of Birth: _____ Social Security Number : _____ Date of Death (If applicable): _____ 3. Name: _____ Address: _____ (Street) (city) (State) (Zip Code) Date of Birth: _____ Social Security Number : _____ Date of Death (If applicable): _____</p>

Completing a Preference Beneficiary's Affidavit

Frequently Asked Questions

Question: Why do I need to complete this?

Answer: Preference Beneficiary's Affidavits are generally used when the designated primary or contingent beneficiaries did not survive the insured or the insured did not designate a beneficiary. This allows the insurance company to pay immediate family members or the estate of the insured.

Question: I don't know where my brother or sister is. Do I have to include him/her?

Answer: Yes. Include as much information as you have of his/her last known whereabouts, date of birth, and social security number.

Question: My brother or sister is dead. Do I have to include him/her?

Answer: If he/she survived the insured, yes. Please include information about his/her next-of-kin. If he/she did not survive the insured, then no.

Question: Do I have to complete the entire form?

Answer: You should only complete the information for the first surviving family member. For example, if you are a child of the insured and the insured's spouse died before the insured, you would complete the section for children and include all of the insured's legal children. You would not complete the sections for parents, siblings, and estate.

Question: I have seven brothers and sisters and there's not enough space for all of them. What should I do?

Answer: You can list their information on the back of the form.

Question: Does affidavit have to be notarized?

Answer: Yes. The affidavit is a legal document and must be notarized.

Question: I am the insured's mother, and I'm divorced from her father. Do I have to include her father?

Answer: Yes. You need to list both parents. Include as much information as you have, such as his last known whereabouts, date of birth, and social security number.

Question: I am the insured's father, and her mother died years ago. Do I have to provide her death certificate?

Answer: Yes.

Question: I am the insured's niece. There are no other relatives of the insured. Can I be paid?

Answer: The preference provision in the policies does not provide for nieces or nephews. However, the executor/administrator/personal representative of the insured's estate should complete the estate section and attach a copy of the certified court documents

FRAUD WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact there to, commits a fraudulent insurance act. For residents of the following states, please see the last page: ***California, Colorado, District of Columbia, Florida, Kentucky, Maryland, Minnesota, New Jersey, New York, Oregon, Pennsylvania, Tennessee, Texas or Virginia***

IMPORTANT CLAIM NOTICE

California Residents: 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 Residents: 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 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 Residents: 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 Residents: 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.

Kentucky Residents: 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 Residents: 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.

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

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 Residents: 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 \$5000 and the stated value of the claim for each such violation.

Oregon Residents: Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

Pennsylvania Residents: 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.

Rhode Island Residents: 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.

Tennessee Residents: 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 Residents: 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 Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may have violated state law.