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Standard Life & Accident Insurance Company

Accidental Death & Dismemberment

MAIL PROCESSING CENTER, P.O. BOX 10546, SPRINGFIELD, MO 65808-0546
Email: Health.Disability&Life@AmericanNational.com

Toll-Free (800) 899-6520

Fax (866) 490-3164

Please send the completed form and certified death certificate to the above address.

1. Employer
2. Group Certificate Number
3. Member Information
(a) Name
(b) Address
(c) Date of Birth
(d) Cause of Accidental Death or Dismemberment
4. Claimant/Beneficiary Information
(a) Name
(b) Sex Male Female Date of Birth
(c) Street Address
(d) Mailing Address (if different than street address)
(e) Telephone Number
(f) Email Address
(h) Relationship to Deceased
5. Has the benefit been assigned to a Mortuary, Funeral Home or Cemetery? Yes No
If yes, attach assignment.

Authorization: I certify that the above statements by me are complete, true, and correctly recorded. I hereby authorize any hospital, physician or any other institution or person who has attended or examined the decedent to disclose to the Standard Life and Accident Insurance Company all information acquired by reason of, and records pertaining to, such hospitalization, examination and attendance. I agree that a photocopy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for the duration of my claim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FAILURE TO COMPLETE THIS AUTHORIZATION WILL REQUIRE THE FORM TO BE RETURNED TO YOU FOR COMPLETION.