



Preneed Claim Form

To Be Completed By Funeral Director

National Guardian Life Insurance Company • Settlers Life Insurance Company
 PO Box 1191 • Madison WI 53701-1191 • Phone 800.988.0826 • Fax 866.228.9450 • www.nglic.com

Instructions for Filing a Claim

Fax or mail all requirements to NGL at the address shown above. We will review your claim and initiate the payment process upon receipt of all required forms.

Please Provide the Following:

1. Claim Form
2. Certified Death Certificate
3. At-Need Funeral Agreement
4. Signed at-need to preneed reconciliation

Policy/Certificate Number _____ Insured Social Security Number _____

Name of Insured _____

Date of Death _____ Insured Date of Birth _____

Cost of Funeral \$

Is the funeral home filing this claim other than the contracted funeral home? Yes No

If yes, Assignment Amount: \$ _____

Immediate Cause of Death: Natural Accidental Suicide Homicide

Name of Beneficiary	Name of Funeral Home
Social Security Number	Phone Number
Street Address	Street Address
City _____ State _____ Zip _____ Excess Proceeds: Mail excess benefits (if any): <input type="checkbox"/> Payable to Funeral Home (default) <input type="checkbox"/> Payable to Beneficiary – mail to funeral home for delivery <input type="checkbox"/> Payable to Beneficiary – mail to beneficiary directly	Send payment to funeral home via: <input type="checkbox"/> Check <input type="checkbox"/> Electronic Funds Transfer* <small>*If requesting payment via Electronic Funds Transfer, you must have completed "Request and Authorization to Pay Claims Via Electronic Funds Transfer" (Form #2636).</small>

To Be Completed By Person Legally Responsible For Making the Funeral Arrangements

AUTHORIZATION OF ASSIGNMENT AND PAYMENT FOR FUNERAL GOODS AND SERVICES

As the person legally responsible for the funeral arrangements of the deceased Insured, I certify that the funeral provider provided the requested funeral goods and services contracted by or on behalf of the insured, and authorize assignment and payment of the above amount to the Funeral Home for the funeral goods and services furnished.

I certify that the above information is true to the best of my knowledge. I certify under penalties of perjury that my Social Security number on the form is correct, I am not subject to backup withholding, and I am a U.S. citizen or U.S. resident. The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding. This policy is exempt from FATCA reporting.

 Signature of Person Legally Responsible for Making the Funeral Arrangements

 Date

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.