

# CREDIT LIFE CLAIM FORM



## BRANCH INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Complete **SECTION 1**
2. Read, sign and date **SECTION 2**
3. Fax the completed and signed claim form and certified copy of the Death Certificate or Coroner's Statement of Death to Merit Life Insurance Claims Department
4. Maintain the original documents in the customer's loan file

If you need assistance with this form, contact Merit Life Insurance Co. 1-800-325-2147, ext 5113292.

### SECTION 1 DECEASED INSURED INFORMATION (PLEASE PRINT)

NAME	
ACCOUNT #	SCORE/BRANCH #
DATE OF LOAN	DATE OF DEATH

### SECOND BENEFICIARY INFORMATION (PLEASE PRINT)

NAME	
MAILING ADDRESS	
DAYTIME PHONE #	SOCIAL SECURITY #
DATE OF BIRTH	RELATIONSHIP TO INSURED

### SECTION 2 INSURANCE FRAUD WARNING

For your protection, where applicable, State law requires the following statement to appear on this form. Any person who knowingly and with intent to defraud files, an application for insurance or statement of claim containing any materially false or fraudulent information, or knowingly conceals material information for the purpose of misleading, may be guilty of a crime and subject to denial of coverage, fines, confinement in prison and/or civil penalties.

#### 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.

#### 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.

#### KENTUCKY AND 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.

#### 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 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 five thousand dollars and the stated value of the claim for each such violation.

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM. I AFFIRM THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

**AUTHORIZED BRANCH REPRESENTATIVE:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**FAX TO: 1-800-350-9582**

**EMAIL TO: [InsClaims@onemainfinancial.com](mailto:InsClaims@onemainfinancial.com)**



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