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ACCIDENTAL DEATH & DISMEMBERMENT CLAIM FORM

We have received your request to file a claim under the Accidental Death & Dismemberment benefit. Before we can finalize the claim, we will require the completion of the following information.

Deceased or Injured Information:

Name of Insured Person:
Address:
Date of birth: Place of Birth: (city) (state)
Occupation at time of death:
Executor of Estate: (contact person & phone):
Date of Accident: Time of Accident:
Location of Accident (address):
Please list name, address & phone of all witnesses:

Police Report enclosed Death Certificate enclosed
Autopsy Report enclosed Coroner's Report enclosed
Claimant or Beneficiary
Relationship to deceased?
Name:
Address:
Date of Birth: Telephone Contact #s:

Wire Transfer Request\*-Complete only if you would like payment made via wire transfer.

Table with 1 column and 8 rows for wire transfer details: Name of account holder, Phone Number, Bank account number, Swift code, Account currency, Bank name, Bank address.

\*This request applies to this claim only. Minimum wire transfer amount is US\$250. IMG will accept multiple claims to reach the minimum limit.

FOR YOUR PROTECTION, state laws require the following to appear on this form: Any person who knowingly and with intent to defraud or deceive any insurance company or any person who files or facilitates the filing of a statement of claim containing any materially false information or conceals information concerning any fact material to the statement, is guilty of insurance fraud, which may be a felony crime, subject to civil penalties or criminal prosecution, including fines and/or confinement in prison.