



Transamerica Life Insurance Company
Transamerica Premier Life Insurance Company
P.O. Box 8043 Little Rock AR 72203-8043
Claims fax: 866-224-6547
Claims email: TEBclaimsscanning@transamerica.com
Claims customer service: 800-251-7254

Instructions for Submitting a Death Claim Form

Claims Customer Service: 800-251-7254 (7:00 a.m. – 6:00 p.m. Monday-Thursday and 7:00 a.m. – 5:00 p.m. Friday)

The package has four parts: Claimant's Statement, Employer's/Business Entity's Statement, Required Fraud Warning Statements and Authorization for the Release of Health Information.

CLAIMANT'S STATEMENT (page 1 of the death claim form):

General instructions

- 1) The beneficiary completes the Claimant's Statement. If there is more than one claimant, each should complete a claimant's statement. If you need additional forms, you may make and use photocopies of the original.
- 2) Please provide all of the information requested or write NA (for not applicable) on lines you intend to leave blank. If you need additional space for any answer you may add additional pages.
- 3) Please know that you pay costs for the claim, including fees for death certificates or legal documents that may be needed.
- 4) If the policy has been in force for less than two years, or was reinstated in the past two years, we will send you a medical provider list and authorization form to complete.

Assignments

- 5) You may have signed a form that authorizes us to pay some or all of your benefit to a Funeral Home or for other final expenses. If so, please send a copy of the assignment and the itemized statement with your claim.
- 6) Each beneficiary who is sharing the expense(s) must sign the assignment.
- 7) The owner of the policy may have made a collateral assignment. A collateral assignment means some or all of the policy benefit was assigned to someone other than the beneficiary/ies. The assignee must complete a claimant's statement.

Minor beneficiaries, estates and trusts

- 8) The interests of minors and other beneficiaries who are not legally competent are protected. We will follow state laws regarding how we can pay these benefits. Please know that you may need to get court orders or send legal documents to us in order to issue payment. If a guardian was appointed by a court, the guardian completes the claimant's statement and sends a copy of the court order. If additional steps are needed, we will provide you further instructions once we review the claim.
- 9) If the beneficiary is the insured's estate, the person named Executor or Administrator of the estate completes the claimant's statement. Send a copy of the court order that names the executor or administrator.
- 10) If the beneficiary is a trust, the Trustee completes the claimant's statement and sends a copy of the trust or trust certificate.

Tax withholding

- 11) Under federal tax laws, each claimant is required to provide their Social Security or tax reporting number and certify whether he or she is subject to backup withholding. You may be subject to backup withholding if (1) you fail to provide us with your Social Security or tax reporting number, pursuant to Internal Revenue Code ("IRC") Section 3406(a)(1)(A); or (2) you were notified that you have underreported interest or dividend income or you were required to but failed to file a return which would have included reportable interest or dividend income, pursuant to IRC Section 3406(a)(1)(C). If you are subject to these backup withholding rules, we are required to withhold 28% of any reportable interest payments. **Indicate whether you are subject to backup withholding on claim form question #6.**

EMPLOYER'S/BUSINESS ENTITY STATEMENT (page 2 of the death claim form):

- 12) Please know that this statement is needed for universal life insurance if it has been less than two years since the insured applied for the policy if the policy lapsed and was reinstated in the last two years. It is always needed for group term life insurance.
- 13) An authorized representative of the employer/business entity completes this statement. The representative is usually a company officer or someone in human resources.
- 14) If the group is self-administered, the employer/business entity also sends proof that premium deductions were made for the policy and the amount paid.
- 15) Send a copy of the enrollment form with the completed employer/business entity statement.
- 16) NOTE: If the deceased insured was a dependent or was not the policy owner, and premiums were paid by salary deduction, the policy owner must ask the employer/business entity to stop deducting premiums for the insured's policy or policy rider.

CERTIFIED DEATH CERTIFICATE

- 17) Please know that we need an original death certificate, or a certified copy, that includes the manner of death. If the insured was a victim of homicide or died as the result of an accident, we will also need copies of the police or accident report.

REQUIRED FRAUD WARNING STATEMENTS

- 18) Please locate the warning for your state of residence and sign the acknowledgement.

AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

- 19) Please complete and sign the authorization. Although we do not obtain health information for every claim, completing this form will minimize the chance of delay in the event it is needed. Please know that some medical facilities will require you to complete additional forms.

SPECIAL NOTE:

Your claim may require extra time to process if:

The claim forms are incomplete

- The claim incurred less than 2 years after the insurance application was signed or if the policy lapsed and was reinstated within 2 years of the date of death. Please know that we will ask you for a medical provider list and will obtain medical records.
- The insured did not name a beneficiary or if no beneficiary survived the insured.
- The beneficiary is a minor, a legally incapacitated person, a trust, or if benefits are payable to the estate of the insured or estate of the policy owner.
- The insured died outside the United States.
- The insured was a victim of homicide.