



# Important!

Unless your claim falls within the contract's contestable period, the following is our claim form that each beneficiary may use to file a claim for proceeds on our life insurance contract.

Please note all of the options listed on the form may not be available. Once our Claims Department receives a completed form, we will conduct a review and confirm the following:

- Beneficiary(ies) of record
- Payment options
- If any additional paperwork is needed
- Value of the pending death benefit

Due to privacy regulations, some of the above information may only be released to authorized parties.

If you have any questions prior to receiving information from our Claims Department, you can reach us at 888-863-5891.

*Member Life Insurance and Annuities Companies:*  
Annuity Investors Life Insurance Company®  
Great American Life Insurance Company®  
Manhattan National Life Insurance Company

*Administration for Life Insurance and Annuities:*  
Central Reserve Life Insurance Company  
Continental General Insurance Company®  
Loyal American Life Insurance Company®  
Provident American Life & Health Insurance Company



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 Great American Life Insurance Company®  
 Manhattan National Life Insurance Company

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 Central Reserve Life Insurance Company  
 Loyal American Life Insurance Company®  
 Provident American Life & Health Insurance Company  
 Continental General Insurance Company®

**Mailing Address:** P.O. Box 5420, Cincinnati, OH 45201-5420  
**Overnight Address:** 301 E Fourth Street, 10N, Cincinnati, OH 45202  
 (800) 854-3649

## Claim Form

*Use this form to submit a claim on a life insurance policy.*

Information about the DECEASED	Information about the CLAIMANT	
Name	Name	
Policy #(s)	Relationship to Deceased	Social Security Number/EIN
Social Security Number	Date of Birth <i>(Not needed for Trust/Estate)</i>	Daytime Phone Number
Date of Death	Address	
State of Permanent Residence on Date of Death	City, State, ZIP & Country	

Would you like to receive email notifications on the status of this request?  Yes  No Email Address: \_\_\_\_\_

NOTE: This will only apply to this request. Email notifications will be sent from 'no-reply@gaig.com' or 'noreplyclaims@gaig.com.' Please be sure to remove these addresses from your list of blocked senders.

Is the claimant a U.S. person?  Yes  No

A U.S. person is a U.S. citizen or U.S. resident. A U.S. person includes a noncitizen who has a green card or who is present in the U.S. (with or without documentation) for a substantial period of time. See IRS Publication 519. A U.S. person also includes a U.S. estate or trust, or a business organized in the U.S. If the claimant is not a U.S. citizen or other U.S. person, an IRS Form W-8BEN or W-8BEN-E will be required.

Is any portion of the policy being assigned (Funeral Home, etc.)?  Yes (Attach assignment forms)  No

Unless the insured selected a payment option while the insured was living, you have the right to choose how payment of the death benefit will be made to you. **Please check one (if no box is checked, the default is lump sum).**

Lump Sum  Lifetime Income\*  Monthly Interest Payments  Installment payments\*

\* Note that additional information will be needed in order to process your claim using these elections.

**FRAUD WARNING FOR 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."

**Authorization Section** – I request the death benefit be processed as indicated above. I agree to hold the insurance company harmless against all claims made by reason of this payment. If the contract is not returned with this form, I hereby certify that the contract is not in my possession and has not been assigned, transferred or pledged; and I also agree that the contract is no longer in effect and I will return it if found.

"Under penalties of perjury, I certify that (1) the number shown on this form is the correct taxpayer identification number, and (2) that no backup withholding is required as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that any distribution is not subject to backup withholding."

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Title (Trustee/Executor/Other Title)

\_\_\_\_\_  
Date

**FRAUD WARNINGS**

**Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas** Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

**Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

**Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kansas** Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison."

**Kentucky** 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.

**Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal 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.

**Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** Any person who knowingly and with intent to defraud an insurer makes a claim that contains any false statement or false representation of a material fact or makes a claim that omits or conceals material information may be subject to criminal and civil penalties.

**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.

**Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss of any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, if may be reduced to a minimum of two (2) years.

**Rhode Island** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Texas** 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.

**Virginia** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Washington** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Beneficiaries About Interest**

If required by state law, we will pay interest on the proceeds of the referenced policy or contract for the time period and at the rate required by state law. We will pay interest until we make a lump sum payment or the first installment of a series of periodic payments. Some states require us to provide a specific interest notice to beneficiaries. These notices are set out below. Please contact us at 1-888-863-5891 to find out the applicable interest rate or for more information.

**State Notice****California**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

**Illinois**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 31 days of the date when we receive due proof of death or such other date as permitted by Illinois law. We will pay interest from the applicable date at the rate of 10%.

**Kansas**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 10 days of the date when we receive due proof of death. We will pay interest from that date at the rate required by Kansas law.

**Minnesota**

We will pay interest on the proceeds of the referenced policy or contract from the date of death until the date of payment at the rate required by Minnesota law.

**New Hampshire**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

**Oregon**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

**South Dakota**

We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.