**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**
P.O. Box 30685 Edmond, OK 73003 ♦ 1-800-821-5434

# CLAIMS PROCESSING REPORT

| | |
|---|---|
| Date | Number of Pages, Including Cover Sheet |
| From | To IAC Home Office<br>claims@iaclife.com |
| Fax Number | Fax Number<br>(405) 285-0836 |

| | |
|---|---|
| Government Group Name | Government Group Number |

| | | |
|---|---|---|
| Name of Employee/Retiree | | |
| Employment Status<br>☐ Active Employee ☐ Retiree | Social Security Number or ID Number | Annual Salary/Pension |

| | | |
|---|---|---|
| Name of Deceased | | |
| Deceased's Date of Birth | Last Date Worked (if deceased was Employee) | Date of Death |
| Cause of Death | | Amount of Insurance<br>$ |
| Is deceased eligible for coverage as either an Active Employee or a Retiree? ☐ Yes ☐ No | | |

| BENEFICIARY NAMES | RELATIONSHIP | A – ADULT<br>M – MINOR | PERCENTAGE<br>of BENEFIT* |
|---|---|---|---|
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* The total of the Percentage of Benefit column must equal 100%, or check here ☐ for equal shares.

Documents Included With This Report:

- ☐ Death Certificate (as Proof of Death)
- ☐ Enrollment Form
- ☐ Birth Certificates for Minors
- ☐ Guardianship Documents for Minors
- ☐ Parent Documentation
- ☐ Premium Verification

Administrator Name (Print or Type)

Signature Date