



Voluntary Emergency Service Organizations

VESO LIFE

TERM LIFE INSURANCE FOR VOLUNTEERS

POLICYHOLDER'S GROUP DEATH CLAIM

Instructions:

1. As soon as you learn of the death of a member of your group, complete and mail this statement to Volunteer Emergency Service Organizations, 3200 Shippers Road, Vestal, New York 13850.
2. Forward an official copy of the Death Certificate as soon as possible to this Company at the above address.

PRINT ONLY:

Full Name of Deceased Volunteer _____

Address of Deceased _____

Date of Death _____ Amount of Insurance \$ _____

Certificate Number _____

Name of Fire District or Municipality _____

Address of Fire District or Municipality _____

Print Name of Officer Authorized
To Sign This Claim With Title _____

Group Policy Number _____

Statement of Policyholder
On Behalf of the Fire District or Municipality

I certify that the deceased was eligible and insured under the provisions of the Master Policy on the date of death and such Master policy was in full force and effect on such date, with all premiums paid.

Officer Authorized to Sign With Title

Administrator:

Mang Insurance Agency, LLC
3200 Shippers Road
Vestal, New York 13850
(800) 232-8347 • Fax: 607-729-7776
info@VesoLife.com

Insurer:



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