



Voluntary Emergency Service Organizations

VESOLIFE

TERM LIFE INSURANCE FOR VOLUNTEERS

GROUP TERM LIFE CLAIMANT'S STATEMENT

Section A – Information About the Insured

Group Policy # _____ Certificate # _____

1. Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Address: _____
Street Apt. # City State Zip Code

4. (a) Date of Death _____

(b) Place of Death _____

(c) Cause of Death _____

Section B – Information About You, the Claimant

1. Your Name: _____ 2. Date of Birth: _____
First M.I. Last Month/Day/Year

3. Your Address: _____
Street Apt. # City State Zip Code

4. Your Relationship to the Insured: _____

5. Your Social Security Number: _____ - _____ - _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Social Security Number

□ □ □ - □ □ - □ □ □ □ □ □

Certification – By my signature below, under penalties of perjury, I certify that

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions – You must cross out item **2** above if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Employee: Your signature on this form is certification that the taxpayer identification number provided above is correct and complete.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Section C – Your Signature. I have read this form carefully and certify that all information contained in it is accurate and complete to the best of my knowledge.

Your Signature

Date

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 \$5,000 and the stated value of the claim for such violation.

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

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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