



AMALGAMATED LIFE INSURANCE COMPANY EXPLANATION OF BASIC FORMS FOR ADMINISTRATION OF AMALGAMATED LIFE INSURANCE POLICY

Notice of Death Form

This form must be used for reporting claims. It should be forwarded to us along with proof of eligibility, certified death certificate and copies of enrollment forms showing the current beneficiary.

Claimants Statement

Claimant's Statement must be completed by all beneficiaries. When Life Insurance payments **over** \$5000 are processed by Amalgamated Life, the proceeds will be delivered to the beneficiary in an interest bearing checking account- the Amalgamated Life Secure Benefits Account, unless the beneficiary specifically requests a lump sum check, or the total benefit is less than \$5000. **There is an election box on the bottom of the back page of the Claimant's Statement. This must be completed for all claims.** Further details will be provided to the beneficiary regarding the Secure Benefits Account if elected. **Please note:** This is a two sided form. The e-copy I am attaching has 2 separate sides, for copying purposes. I am also mailing a supply of originals, which will be 2 sided copies.

Statement of Claim for Accidental Dismemberment Benefits

This document must be completed by three parties: the insured member (dismembered), the insured group (union/company) and the insured member's physician.

Waiver of Premium Application

Waiver of Premium has a two part application and is only applicable to those employees who become totally disabled prior to age 60. Waiver of Premium Application Form should be completed by the Fund Administrator and forwarded to this office once the employee has been totally disabled for nine months. The employee should be given an Attending Physician Statement (enclosed) which must be completed by a physician and received in our office within one year of the onset of disability, or 3 months from the date of Waiver eligibility.

Estate/Survivors Affidavit

A Survivors Affidavit should be completed by the administrator, spouse, children, parents, brother or sister of the deceased to determine the first preferential beneficiary in cases where there is no named beneficiary form. Claimants statement(s) are required from all survivor beneficiaries. Both the Claimant's Statement and the Survivor's Affidavit must to be notarized. If benefits are assigned, the named beneficiary has to provide valid assignment (signed and notarized). The benefits will be divided between all primary beneficiaries.



Enrollment Form (you may continue to use your own forms)

To be completed, signed and witnessed for all members employees eligible for the life insurance program. This form contains Beneficiary Information which should be retained at your office for submission in the event of a claim. All newly hired employees to be covered under this group insurance must fill out an enrollment form. The Enrollment Form should be submitted to Amalgamated with the Notice of Death form.

Change of Beneficiary and/or Change of Name Form

(you may continue to use your own forms)

To be used if an employee has completed an enrollment form, and he or she is changing either a) his/her choice of beneficiary or: b) his/her name.

Request for Conversion Application

These are applicable to:

- a) Individuals who were covered for life insurance under the group policy and who subsequently terminate employment and wish to convert to an individual life insurance policy for which they would pay their own premiums;

OR

- b) Individuals who have attained the age or changed class and their life insurance amounts are reduced. These individuals may wish to convert to an individual policy, the part of their group coverage that was reduced.

Such individuals should be furnished with the Request for Conversion Application. Your Company should forward the completed application to Amalgamated Life Insurance Company for consideration. Be advised that there is a 45 day conversion period from the date your insurance terminates or reduces.

We would like to emphasize that individuals who need extra space for providing information on any of the above forms may write the information on a separate page to be stapled to the appropriate form.

If you need assistance regarding procedures for completing for any of the above forms, we will be happy to be of service. Please call 914-367-5984 or 5468 for assistance.

Please return all completed forms to:

Amalgamated Life Insurance Company
Policy Services Department
1st Floor
333 Westchester Avenue
White Plains, New York 10604