Life Insurance Claim Form Instructions

Documentation required upon submitting a Life Insurance Claim:

Upon death of an Insured Person, the Beneficiary shall notify providers without delay. In addition, please submit the following documents to Provider as soon as possible:

- Life Insurance Claim Form (see Page 2);
- An official certificate of death, indicating date of birth of the deceased Insured Person;
- Proof of employment;
- Proof of salary, if benefit is salary related;
- A detailed medical report on the onset and course of the disease, bodily injury or accident which caused death;
- In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death.

Providers are entitled to obtain further information. Expenses incurred in relation to the substantiation of a claim have to be borne by the claimant. Providers will pay the insured benefit as soon as it has satisfied itself of the validity of the claim based on its assessment of the required documents that have been received.

Claim Form and Documents are accepted via email or fax – hard copy upon request. Submit to:

Email: claimsassist@tssassist.com
Fax: +1.949.470.2110
Mail: Total Scholastic Solutions
ATTN: Life Claims
PO Box 211008, Eagan, MN 55121

TSS
Total Scholastic Solutions

Life Insurance Claim Form

A. INSURED INFORMATION	
Name of Deceased (Last, First, MI):	
Policy #:	MEMBER ID #:
Date of Birth: (DD/MMM/YYYY, i.e., 23/NOV/1988)	From what record was Date of Birth obtained:
Employer (if applicable):	Country of Residence:
B. CLAIMANT INFORMATION (Beneficiary)	
Name (Last, First, MI):	Relationship to Deceased:
Date of Birth (DD/MMM/YYYY):	Claimant's SSN:
Address:	
Postal Code:	Country:
C. CLAIM INFORMATION	
Date of Death (DD/MMM/YYYY):	Place of Death:
Cause of Death:	
When did health of deceased first become impaired? (DD/MMM/YYYY)	
In last illness, when did deceased first consult a physician? (DD/MMM/YYYY)	
On what date did deceased last attend usual work? (DD/MMM/YYYY)	
D. PHYSICIAN INFORMATION	
Physician #1	
Physician / Facility / Provider Name:	
Date of Attendance:	
Seen for:	
Address:	
Postal Code:	Country:
Phone:	Email:

TSS
Total Scholastic Solutions

D. PHYSICIAN INFORMATION (continued)	
Physician #2 (if applicable)	
Physician / Facility / Provider Name:	
Date of Attendance:	
Seen for:	
Address:	
Postal Code:	Country:
Phone:	Email:

E. OTHER LIFE OR ACCIDENT INSURANCE ON THE LIFE OF DECEASED

Policy Dates	Companies/Associations	Amount of Insurance

F. AUTHORIZATION

The undersigned hereby makes claim to said insurance as beneficiary and agrees that the written statements and affidavits of all physicians who attended or treated the insured and all other papers called for by the instructions herein shall constitute and they are hereby made a part of these Proofs of Death, any further agrees that the furnishing of this form or any of the forms supplemental thereto by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question nor a waiver of any of its rights or defenses.

I expressly waive on behalf of myself and any other party who shall have or claim any interest in any policy issued to the insured, all provisions of law forbidding any physician or any other person who attended or examined the insured, or any hospital or sanitarium in which insured was confined, treated or examined, from disclosing any information or knowledge acquired thereby and I authorize the furnishing of all such information to the above named insurance company. A photocopy of this authorization shall be considered as effective and valid as the original.

Claimant	**Witness**
Name:	Name:
Signature:	Signature:
Date:	Date:

Claim Form and Documents are accepted via email or fax – hard copy upon request. Submit to:

Email: claimsassist@tssassist.com
Fax: +1.949.470.2110

Mail: Total Scholastic Solutions
ATTN: Life Claims
PO Box 211008, Eagan, MN 55121

Privacy Notice

The Total Scholastic Solutions group of companies includes brokering and management companies, as well as assistance and administration companies. We respect your privacy, and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy so you understand your rights and your personal data use by the TSS Group.