



Voluntary Emergency Service Organizations

**VESOLIFE**

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, 66 South Broad Street, Norwich, New York 13815.
2. Forward an official copy of the Death Certificate as soon as possible to this Company at the above address.

**New York Residents: Fraud Warning: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Residents of Other States: **Fraud Warning:** It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines, and denial of insurance in accordance with applicable state law. Please carefully review the "Claim Fraud Warning Statements" page, attached to and incorporated herein by reference.

**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:*



66 South Broad Street  
Norwich, New York 13815  
(800) 232-8347 • Fax: 607-729-7776  
info@VesoLife.com

*Insurer:*



**SECURITY MUTUAL LIFE**  
INSURANCE COMPANY OF NEW YORK  
SECURITY MUTUAL BUILDING • 100 COURT ST.  
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625  
607.723.3551 • www.smlny.com