

PLEASE PRINT

CLAIMANT'S STATEMENT

			CLAIM NO.
DECEASED INFORMATION	NAME OF DECEASED		POLICY NUMBER
	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		DATE OF BIRTH (Mo./Day/Yr.)
	CAUSE OF DEATH		DATE OF DEATH (Mo./Day/Yr.)
			SOCIAL SECURITY NUMBER
			LAST DAY WORKED (Month / Day / Year)
		IF ILLNESS, STATE DURATION	
MEDICAL INFORMATION	NAME OF ATTENDING PHYSICIAN		(AREA CODE) TELEPHONE ()
	ADDRESS	CITY	STATE ZIP
INSURED INFORMATION	NAME OF INSURED		SOCIAL SECURITY NUMBER
	NAME OF LAST EMPLOYER		(AREA CODE) TELEPHONE ()
	ADDRESS		LAST DAY WORKED FOR THIS EMPLOYER (Mo. / Day / Yr.)
BENEFICIARY INFORMATION	NAME OF BENEFICIARY	DATE OF BIRTH (Mo. / Day / Yr.)	SOCIAL SECURITY NUMBER
	ADDRESS	CITY	STATE ZIP
	PHONE NUMBER (WITH AREA CODE) ()		

Authorization to Release Information

NAME OF DECEASED (Please Print Full Name)	DATE OF BIRTH (Mo. / Day / Yr.)
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I AUTHORIZE any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, employer, government agency, or other organization, institution, or person HAVING INFORMATION or records available as to diagnosis, treatment and prognosis of any physical or mental condition or treatment of or afforded to the above-named person TO GIVE TO The Amalgamated Life Insurance Company or its authorized representative all such medical information.

I AUTHORIZE any of the above organizations or individuals to permit The Amalgamated Life Insurance Company or its authorized representative to view, copy or obtain copies of records concerning the employment and/or wage data of the above-named person.

I AGREE that a photographic copy of this Authorization shall be as valid as the original and that this authorization shall be valid for one year from the date of my signature as indicated below.

NEW YORK RESIDENTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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. FOR RESIDENTS OF ALL OTHER STATES, PLEASE SEE THE LAST PAGE OF THIS FORM.

SEAL
OF
NOTARY

SWORN TO before me this _____ day of _____, 2_____

SIGNATURE OF CLAIMANT

SIGNATURE OF NOTARY PUBLIC

COUNTY OF _____ STATE OF _____ MY COMMISSION EXPIRES _____

PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM. RETURN FORM AND DEATH CERTIFICATE TO THE ADDRESS ABOVE

Amalgamated Life Secure Benefits Claimant's Statement

About Amalgamated Life Secure Benefits Account

An Amalgamated Life Secure Benefits Account provides you with the convenience of a checking account.

The death settlement proceeds and interest earned on them through the date of payment will be deposited into a personal interest bearing checking account established in your name and payable through State Street Bank & Trust Company of Boston, Massachusetts.

Advantages:

1. A convenient checking account.
2. No monthly service charges, no charges per check and no penalties for withdrawals. However, as with any banking institution, there are charges for checks returned unpaid; stop payment orders and copies of any check or statement you might request.
3. Monthly statement of your account, issued on the 1st of each month.
4. Pay off outstanding bills resulting from the death of the policyholder.
5. Time to consider your future financial options while earning a competitive rate of interest.

Other Relevant Information:

1. If your account balance falls below \$250, the account will automatically be closed and a check for the remaining balance will be sent directly to you.
2. No further deposits may be made to your Amalgamated Life Secure Benefits Account. Only the proceeds and interest earned thereon from policies of Amalgamated Life Insurance Company may be deposited.
3. In the event of your death while the account is still open, proceeds from your Amalgamated Life Secure Benefits Account will be paid to your named beneficiary.

Lump Sum Distribution:

If you enroll, proceeds in excess of \$5000 will be available to you through an Amalgamated Life Secure Benefits Account payable through State Street Bank & Trust Company, Boston, Massachusetts. Otherwise payment will be made directly to you.

Please refer to the attached for a detailed explanation of the Amalgamated Life Secure Benefits Account.

_____ I do want the proceeds deposited into an Amalgamated Life Secure Benefits Account.
_____ I do not want an Amalgamated Life Secure Benefits Account.
Please issue a check payable to me.

Signature of Claimant

Date

FRAUD WARNINGS FOR CLAIM FORMS

Arkansas, Louisiana, Massachusetts, New Mexico, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Delaware, Florida, Idaho and Indiana Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Alaska Residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under the law.

Arizona Residents: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Residents: Any person who, with a purpose to injure or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638.20.

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

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents: 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 that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement 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 subjects such person to criminal and civil penalties.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.