



First Notice of Death Claim
Form CL 01 (07/2003)

PLEASE PRINT

Name of Deceased Insured		Date of Birth and Social Security Number	
Date of Death		Place of Death/City & State	Cause of Death
Policy Number(s)	Policy Face Amount(s) and Effective Date(s)		Who has policies?
Name of Caller and Relationship to Deceased Daytime Phone No.		If not relative, next of Kin information Name: _____ Address: _____ _____ Telephone: _____	
Address to mail claim package:			
Additional Information:			
If married, please provide Spouse's name. If spouse is deceased, please provide date of death.			
To USFL Agent: Please indicate how you would like to handle: <ul style="list-style-type: none"> <input type="checkbox"/> I would like to handle delivery of the claim package and proceeds. Claims will mail claim package to the Agent for delivery and once the claim is settled, the proceeds will be sent to the Agent for delivery. Delivery must be made within 48 hours. <input type="checkbox"/> I would like to handle delivery of the proceeds. Claims will mail the claim package direct and once the claim is settled, the payment will be sent to the Agent for delivery. Delivery must be made within 48 hours. <input type="checkbox"/> Please handle directly with client. Claims will mail claim package and proceeds direct to the client. 			

RETURN FORM TO: Claims Department, U.S. Financial Life Insurance Company, P O Box 4763, Syracuse NY 13221-4763, Phone: 800-959-3894, Fax: 315-477-2828.