

Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • (800) 233-3750

## Claim Notice

Please complete and submit this notification of death form to Federal Life via mail at the address above, fax (847-520-0848) or email (claims@federallife.com). If you have any questions, call 800-233-3750 extension 502.

Date	Contract #(s)	
Name of Decedent _		SSN#
Date of Death		Date of Birth
Cause of Death		
Insured's Address		
City, State, Zip		
Your Last Name, Firs	st Name	
Relationship to dece	ased	
Best way to contac	t you:	
Phone:	Phone Number	
🗌 Mail:	Mailing Address	
Email:	Email Address	
☐ Fax:	Fax Number	
Please email or ma	ail claim forms to:	
a /a		OFFICE USE ONLY
Status/Comment		
Action Taken		
Date of Action	By Claims Represent	ative: