AARP® | Life Insurance Program from NEW YORK LIFE

**New York Life Insurance Company**
PO Box 30713
Tampa FL 33630-3713

Dear Beneficiary:

Please accept our condolences on your recent loss. We understand this is a difficult time, and we hope that we can alleviate any concerns you may have about your claim.

To help process your claim in the fastest possible manner, New York Life Insurance Company is providing this easy to use Claim Form for your convenience. Please review the form in its entirety, and then follow the step-by-step instructions to submit your claim.

New York Life Insurance Company prides itself on the speed with which it pays claims. Most claim payments are sent to the beneficiaries within ten business days from the date the Company receives the completed Claim Form, death certificate and other documents as appropriate to the claim.*

Please be assured that New York Life will act as quickly as possible to complete the processing of your claim once we receive all the necessary information and documentation. If you have any questions, please call 1-800-695-5165. Representatives are available between the hours of 8 a.m. to 5 p.m. (Eastern Time) Monday through Friday.

Sincerely,

Matt Pittarelli
Corporate Vice President

***The claim form may have been sent before New York Life determined whether any insurance was in force at the time of death, and the beneficiary to whom the proceeds may be payable. New York Life retains the right to make such determination.**

# HOW TO COMPLETE YOUR CLAIM FORM

*Please read this page before you start to complete your Claim Form*

To complete the processing of your claim, we must have a fully completed Claim Form from each beneficiary, one certified death certificate and other documents as appropriate for the claim.

*No original documents will be returned.*

SECTION 1 - List all the Contracts under which you are making a claim.

SECTION 2 - Information about the deceased is necessary for purpose of identification and benefit determination.

SECTION 3 - Beneficiary information and signature instructions:

Taxpayer Identification Number: Life insurance benefits are generally not subject to income tax. However, New York Life pays interest on the insurance proceeds from the date of death. Since the interest paid to you may be taxable, you should consult your tax advisor.

The Federal Government requires us, and all other financial institutions, to report interest we pay to you. Therefore, we are required to obtain your Social Security or other Taxpayer Identification Number, which you must certify under penalties of perjury. If you are applying for a tax number, the Federal Government requires us to withhold a portion of your interest as a deposit against the taxes that may be due.

Some persons may have been notified by the Internal Revenue Service that they are subject to "backup withholding" because in the past they did not report all their interest or dividends. If you have been so notified, and a back up withholding order has not been rescinded, you must check the Back-up Withholding section right below your Income Tax Certification. We may contact you for more information if there are any questions about your Taxpayer Identification Number or back up withholding status, or if you are a non-resident alien or foreign entity.

| | |
|---|---|
| Minor/Child | Complete this section with the minor's information including Name, Social Security Number and Date of Birth. Submit a copy of the court document appointing the custodian of the minor child's property/estate.<br>If a legal guardian has not been established for the property/estate of the minor child, payment may be considered under the Uniform Transfers to Minors Act (UTMA)/Uniform Gifts to Minors Act (UGMA) subject to state guidelines. Please contact our office for further information. Note: The custodian of the minor's "person" is not necessarily the custodian of the minor's property/estate. |
| Estate | Provide the Estate name (i.e. "Estate of Jane Doe") and Estate Tax Identification Number and submit a copy of the certified appointment papers. Note: A Last Will and Testament will not be accepted as proof of authority of executorship. |
| Trust | A copy of the Title, Signature and Notary pages of the Trust are required, including the pages showing the Trustee and Successor Trustee information. |

SECTION 4 - Please sign the Claim Form.

SECTION 5 - The Medical Information and Authorization section must be completed if all or any portion of the insurance coverage is less than two years old at the time of death.

Illinois Interest Statement:
If the contract was issued in Illinois, you will be paid 10% interest, from the date of death, if your claim is not paid within 31 days of receiving the necessary proof needed to settle the claim.

## Frequently asked questions concerning the claims process

Q. Where do I send my claim information?
A. Please send your fully completed claim form and one certified death certificate, along with any additional required documentation to:

New York Life Insurance / AARP Operations
Attn: Claims Department
P.O. Box 30713
Tampa FL 33630-3713

Q. Can I fax my claim information to you?
A. You can fax the claim form and any additional documentation, unless otherwise noted; however, we do require one certified death certificate for each claim. Our fax number is (813) 288-5200.

Q. How do I obtain a certified death certificate?
A. Most funeral homes will provide the family of the deceased with several certified death certificates. You can also contact the Vital Records Division in the state of the deceased for this document.

Q. What makes it a certified death certificate?
A. Certified death certificates have either a raised seal or a multicolored signature seal from the county, city, or state that issued the certificate. In addition, the original death certificate should contain the signature of an appropriate officer of the county, city or state.

Q. Will you accept a certified death certificate with a pending manner of death?
A. No. We must receive a certified death certificate with the final manner of death.

Q. If a named primary beneficiary is deceased, can I send a copy of the certified death certificate for the deceased beneficiary?
A. Yes, a copy is acceptable.

Q. What is an incontestable claim?
A. A claim is considered incontestable when the insured's death occurs two years or more after the insurance date, reinstatement date or effective date of any rider.

Q. What is a contestable claim?
A. A claim is considered contestable when the insured's death occurs within two years of the insurance date, reinstatement date or effective date of any rider. On contestable claims, the Medical Information and Authorization section of the claim form must be completed.

Q. What is a funeral home assignment?
A. A funeral home assignment is a binding contract between a contract owner or a beneficiary and a funeral home. If a beneficiary signs an assignment form authorizing us to direct payment of all or a portion of the proceeds to a funeral home and the assignment is received prior to the claim being settled, we are obligated to honor the assignment and pay the funeral home accordingly. In some instances a collateral assignment may have been made prior to the owner's death.

Q. What happens if there is no guardian named for the minor child?
A. The Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA) permits disbursement of funds to a minor child without guardianship papers. There are certain guidelines and limitations determined by each state regarding disbursement of funds to a minor under this Act. Contact New York Life for specific information.

Q. My name has changed since the last beneficiary designation. What do I need to provide to validate the name change?
A. If a beneficiary's name has changed due to marriage or divorce, a copy of the marriage or divorce decree is required. If the name has changed due to any other reason, we require a court document indicating the name change from the birth name to the requested name.

Q. Why does a beneficiary, estate or trust need to provide their Social Security Number or Federal Tax Identification Number?
A. The claim cannot be processed without this information. Interest is paid on most claims from the date of death until the date the claim is paid. The Social Security Number or Tax Identification Number is required to report interest payments to the Internal Revenue Service.

Q. Why is any amount withheld for the payment of taxes? I thought life insurance proceeds were income-tax free?
A. Any interest paid on death proceeds is subject to Federal and state taxation. We will not withhold income tax from interest unless you have advised us that you are subject to backup withholding or if the taxable portion of all payments for the year is less than $200.00.

Q. What is a Form 1099-INT?
A. Form 1099-INT is utilized to report to the Internal Revenue Service interest payments made to an individual or entity (such as a trust or estate) during any calendar year. Form 1099-INT is mailed to an individual or entity in January of the year following the interest payment and informs the individual or entity of the interest amount paid to be reported on their tax return. You will receive a Form 1099-INT if the interest paid on your claim is $10.00 or greater.

## State Variations of Fraud Warnings

Kindly refer to the applicable fraud warnings for your state of residence.

### Arizona Fraud Warning

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 Fraud Warning

For your protection California Law requires the following to appear on this form: 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.

### Colorado Fraud Warning

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 Fraud Warning

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.

### Florida Fraud Warning

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.

### Maryland Fraud Warning

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

### New Jersey Fraud Warning

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

### Oregon Fraud Warning

Willfully falsifying material facts on an application or claim may subject you to criminal penalties.

### Pennsylvania 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 subjects such person to criminal and civil penalties.

### Puerto Rico Fraud Warning

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### Virginia Fraud Warning

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

### Fraud Warning For All Other States

Any person who knowingly and with the 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 subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

AARP® | Life Insurance Program from NEW YORK LIFE

**Mail to:**
*PO Box 30713*
*Tampa FL 33630-3713*

# Claim Form

***Please type or print legibly***

## 1. List below only the Contracts under which you are making a claim

Insurance Contract Number(s):

## 2. Deceased Insured Information

Name of Deceased (*First* *Middle* *Last*)

Nickname or Maiden Name

Birthdate of Deceased: MONTH DAY YEAR

Deceased's Date of Death: MONTH DAY YEAR

Manner of Death: ☐ Natural ☐ Accident* ☐ Unknown ☐ Suicide* ☐ Homicide* ☐ Other

* Please attach copies of police and coroner's report and any relevant news articles.

## 3. Beneficiary Information

Beneficiary Name: (*First* *Middle* *Last*)

Mailing Address of Beneficiary: (*Street* *City* *State* *Zip*)

Relationship to the Deceased: ☐ Spouse ☐ Child ☐ Grandchild ☐ Parent ☐ Other_____

Birthdate of Beneficiary: MONTH DAY YEAR

Home Phone - -

E-Mail Address of Beneficiary:

Alternate Phone - -

## Capacity under which you are making this claim *Check One*

☐ **Individual Beneficiary:** If you request benefits to be paid to the funeral home, a copy of the assignment is required.

☐ **Minors:** If a legal guardian of the child's estate/property has been appointed by the court, he or she must sign on behalf of the minor child and submit a copy of the guardianship papers. If signing under the UTMA/UGMA, please sign your name and indicate your relationship (father, mother, etc) to the minor child as "Custodian of (name of child) under the (name of resident state) UTMA/UGMA.

☐ **Corporation:** Claim Form must be signed by Corporate Officer(s) and must indicate the title by which you are authorized to act on behalf of the company.

☐ **Estate:** Be sure to submit a copy of the certified appointment papers and provide Estate Tax ID below. Claim Form must be signed by an Estate Representative.

☐ **Trust:** A copy of the Title, Signature and Notary pages of the Trust are required, including the pages showing the Trustee and Successor Trustee. Provide Trust Tax ID below. Claim Form must be signed by a named Trustee.

☐ **Collateral Assignee:** A copy of the assignee's statement of interest must be provided. Claim Form must be signed by the assignee or their authorized representative.

## Income Tax Certification

Enter your Social Security Number if you are an individual beneficiary

Social Security Number - -

OR

Enter Taxpayer Identification Number if claiming benefits as an Estate, Trust or Corporation

Taxpayer Identification Number -

## Back-up Withholding

Check only if statement below applies:

☐ I have been notified by the Internal Revenue Service that I am subject to back-up withholding as a result of failure to report all interest or dividends.

## 4. Beneficiary's Signature

I have read and understand the Fraud Statement that is applicable to the state in which I reside. **New York 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

- I certify, under penalty of perjury, that the Social Security or Taxpayer Identification Number and Back-up Withholding status information in Section 3 are correct. I also certify that I am a U.S. person, including a U.S. resident alien (non-US person must complete form W8-BEN).
- The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

*Signature (REQUIRED)* *Date*

## 5. Medical Information and Authorization

Please complete this section if all or any portion of the insurance coverage was issued within two years of the insured's death.

Insurance Contract Number(s): _____

Please list the insured's family doctor as well as the names, addresses and telephone numbers of any other physicians, clinics and hospitals that may have treated the insured during the past five years.

☐ Check here if a separate sheet is attached with additional providers. This sheet must be signed and dated.

_____ ( ) _____
Primary Care Physician — *Telephone Number*

_____ _____ _____
*Street Address* — *City, State, Zip Code* — *Condition*

_____ ( ) _____
Physician or Hospital Name — *Telephone Number*

_____ _____ _____
*Street Address* — *City, State, Zip Code* — *Condition*

_____ ( ) _____
Physician or Hospital Name — *Telephone Number*

_____ _____ _____
*Street Address* — *City, State, Zip Code* — *Condition*

Medical Authorization:
I give my permission to release information concerning _____ who died on _____
*(Name of Insured)* (mm/dd/yyyy)

to New York Life including its agents, attorneys, reinsurers and insurance support groups acting on their behalf. Information released may include records of medical advice, medical care, medical treatment of AIDS or AIDS-related diseases, mental illness, drug or alcohol abuse, other insurance coverage, financial and employment history. This information may be released by medical professionals or facilities, pharmacies, pharmacy benefit managers, government offices, employers, insurance companies, insurance support groups, group policy holders or benefit plan administrators. When requesting information from any of the sources named above, a copy of this form is as good as the original. I am aware that any information obtained will be used to judge my claim. I understand that my claim will not be processed unless this authorization is completed and signed. Either I, or a person I choose, am entitled to receive a copy of this signed authorization. This authorization is valid from the date signed until the claim is resolved, except in those states, which allow for only a one-year limit.

I have the right to revoke this authorization at any time by notifying New York Life in writing at the address on this authorization. My revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on this authorization. My revocation will also not be effective to the extent state law gives New York Life the right to contest a claim under the policy or the policy itself.

The information New York Life obtains based on this authorization may be subject to further disclosure. For example, New York Life may be required to provide it to an insurance regulatory or other government agency. In this case, the information may no longer be protected by the rules governing this authorization.

_____
Signature — Relationship to Insured — Date

Return this Claim Form and a Certified Copy of the death certificate to:
New York Life Insurance Company / AARP Operations
P.O. Box 30713
Tampa, FL 33630-3713