

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mail to: Bay Bridge Administrators, LLC, P.O. Box 161690, Austin, Texas 78716 • (800) 845-7519

CLAIM FOR LIFE INSURANCE & ACCIDENTAL DEATH BENEFITS GROUP VOLUNTARY TERM LIFE INSURANCE TO AGE 120 CLAIM FORM

By furnishing forms and investigating claims, Madison National Life Insurance, Inc. (“Madison National”) does not confirm there is any insurance in force and does not waive any of its rights or defenses.

Please read the following instructions carefully to assure a timely review of your claim for life insurance proceeds.

In order to review this claim, please provide a (1) certified death certificate, (2) copy of the most recent beneficiary designation form; and (3) copy of the obituary, if available and (4) for an Accidental Death Benefit claim*, a copy of the official accident report from the responding legal authorities.

Reason for claim: <input type="checkbox"/> Life Insurance death benefit <input type="checkbox"/> Accidental Death benefit (if applicable) or <input type="checkbox"/> both (if applicable).	
Deceased’s Name (<i>Last, First, Middle</i>)	Deceased’s Social Security No.
Deceased’s Street Address (<i>City, State, Zip</i>)	
(Life Insurance death benefit) If the Deceased is a dependent, please write the Insured’s name:	
Date of Death	Cause of Death
Was the death a result of an accident? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
If “Yes”, what was the date and time of the accident?	
If “Yes”, described how the accident or injury occurred:	
Claimant’s Name (<i>Last, First, Middle</i>)	Claimant’s Home Phone No.
Claimant’s Address (<i>City, State, Zip</i>)	
By signing below, I agree I read the Fraud Warning provided in this form.	
Claimant’s Signature	Signature Date

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EMPLOYER'S STATEMENT

To be completed by Employer	
Full Name of Policyholder:	Policy Number:
Full Name of Deceased:	Date of Birth of Deceased:
Policyholder SSN:	Policyholder Date Last Worked:
Name and Address of Employer:	
Employer Signature	Date Signed
Printed Name and Title	Employer's Telephone Number
E-mail address	Fax Number

Fraud Warnings

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 may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits. This warning applies to the following states: Alaska, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming.

ALABAMA WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARIZONA 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 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 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 damage. 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 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 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.

KENTUCKY WARNING: 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.

LOUISIANA 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 may be guilty of a crime and subject to fines, and confinement in prison.

MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

MARYLAND 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 confinement in prison.

NEW HAMPSHIRE WARNING: Any person who, with a purpose to injure, defraud 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 RSA 638:20.

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

NEW MEXICO 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 civil fines, and criminal penalties.

OHIO WARNING: 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.

PENNSYLVANIA 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.

TENNESSEE 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.

VIRGINIA 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.

WASHINGTON 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.

Signature: _____ Date: _____