Lumico Life Insurance Company
123 Town Square Pl. #798, Jersey City, NJ 07310
1-800-589-0087
www.lumico.com

CLAIMANT STATEMENT – CONTESTABLE PERIOD

In furnishing this claim form for the convenience of the claimant, the Company does not admit any liability or waive any of its rights.

Policy Number(s)	Amount of Insurance

INFORMATION ABOUT THE DECEASED

1. Name of Deceased

2. Address

3. Date of Birth	Place of Birth
4. Date of Death	Place of Death

5. When was health first affected:

a) Was the insured hospitalized in a nursing facility, confined to a bed, or receiving hospice care prior to death?

☐ Yes. Please provide the dates of service:

☐ No

b) Was the insured diagnosed with a terminal condition where death was expected to result in the limited life span within 12 months or less?

☐ Yes. When was this diagnoses determined:

☐ No

6. Names and addresses of physicians who have treated deceased during the past five years

7. Last employer and occupation

8. Names and ages of surviving spouse, children and parents

9. Policies deceased held with other companies:

Name of Company	Amount of Insurance