



DEATH BENEFIT CLAIM FORM

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

1-800-621-3723
www.pna-znp.org

PLEASE PRINT

IMPORTANT! In order to process the claim promptly, we will need the following:

1. ☐ Insured's original Insurance Certificate or "Affidavit of Loss" form
2. ☐ Insured's Death Certificate (original or certified copy)
3. ☐ Correct Address and Social Security Number of the beneficiary
4. ☐ Completed Claim Form For Death Benefit

CERTIFICATE NO. _____ LODGE: _____

DECEDENT'S FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

1. BENEFICIARY'S NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE _____ E-MAIL _____
MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER _____ RELATIONSHIP _____

2. BENEFICIARY'S NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE _____ E-MAIL _____
MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER _____ RELATIONSHIP _____

REMARKS _____

SIGNATURE _____

This report should be properly completed, signed and mailed to the PNA Claim Department: 6100 N. Cicero Ave., Chicago, IL 60646.
Any additional questions can be noted in the remarks section or asked of the PNA Claim Department: (773) 286-0500 ext. 325



POLISH NATIONAL ALLIANCE
6100 N. CICERO, CHICAGO, IL 60646

CLAIM NO. _____

LODGE NO. _____

AFFIDAVIT OF LOSS

1. I, _____ on oath, state that _____
expired on _____.

2. Affiant further states that the decedent was a member of the POLISH NATIONAL ALLIANCE of the U.S. of N.A. insured under Certificate No. _____, that the said certificate has been lost or misplaced and cannot be located.

3. Should the affiant ever recover the aforesaid certificate, the same shall be promptly surrendered and no further claim against the POLISH NATIONAL ALLIANCE of the U.S. of N.A. for the proceeds thereof shall be made.

SIGNATURE OF AFFIANT SS No. _____

ADDRESS

CITY STATE ZIP

ATTESTATION BY FINANCIAL SECRETARY

It is hereby certified that the affiant signed the above request in my presence this _____ day of _____ 20 ____.

SIGNATURE OF FINANCIAL SECRETARY

**IN CASE THE SECRETARY OF THE LODGE IS UNAVAILABLE,
A WITNESS OTHER THAN THE BENEFICIARY CAN ENDORSE THE FORM.**

Signed at _____ this _____ day of _____, 20 ____.

WITNESS

ADDRESS

CITY

STATE

ZIP