



## DEATH BENEFIT CLAIM FORM

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

1-800-621-3723  
[www.pna-znp.org](http://www.pna-znp.org)

PLEASE PRINT

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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REMARKS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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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. 319 or 394.

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## **CLAIMS fraud warnings**

**GENERAL:** 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.

The fraud warnings listed below are applicable in the following states: AZ, AR, CA, CO, DE, DC, FL, IN, LA, ME, MD, MA, MN, NE, NH, NJ, NM, NY, OH, OK, OR, PA, TX, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.

**ARIZONA:** 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.

**ARKANSAS:** 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.

**CALIFORNIA:** 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:** 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.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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:** 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.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**LOUISIANA:** 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.

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

**MASSACHUSETTS:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**NEBRASKA:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

**NEW MEXICO:** 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.

**NEW YORK:** 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.

**OHIO:** 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.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** 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 act, which is a crime and subjects such person to criminal and civil penalties.

**TEXAS:** 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.

**VIRGINIA:** 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:** 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 denial of insurance benefits.

**WEST VIRGINIA:** 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.





**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

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**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