

Business Insurance Operations

Administered by
Vision Financial Corporation
17 Church Street
PO Box 506
Keene, New Hampshire 03431-0506

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If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our customer service department at 1-800-752-4729/ Fax (603) 357-4532

BENEFITS DIVISION

CLAIM FOR BENEFITS VOLUNTARY GROUP LIFE INSURANCE

EMPLOYER'S STATEMENT (To be completed by employer)

1. Insured's Name _____
 2. Insured's Address _____
(Street) (City) (State) (Zip)
 3. Date of Birth _____ Date of Death _____
 4. Cause of Insured's Death _____
 5. Name of Insured's Employer _____ Date of Employment _____ to _____
(Mo/Day/Year) (Mo/Day/Year)
 6. Insured's Occupation with Employer _____ Class _____
 7. Last day actively at work? _____
 8. Date to which premiums are paid? _____
 9. Employer's Address _____
(Street) (City) (State) (Zip)
 10. Group Insurance Number _____ Enrollment Date _____
 11. Amount of Insurance \$ _____ \$ _____
(Accidental Death & Disbursement)
- Policyholder _____ By _____
(Signature) (Title) (Date)

CLAIMANT'S STATEMENT (To be completed by beneficiary)

1. Claimant's Name _____ Social Security No. _____
2. Claimant's Address _____
(Street) (City) (State) (Zip)
3. Relationship to Insured _____ Claimant's Age _____
4. Did the Deceased have other Life Insurance? Yes No If yes, in what Companies and for what amounts? _____
5. When did employee's health become impaired? _____ Date insured last hospitalized? _____
6. Are you legally entitled to receive the amount payable under this policy and give to Security Life a valid discharge for such payment to you? Yes No Amount being claimed _____

**SEE REVERSE SIDE FOR
DECLARATION/AUTHORIZATION AND
INSTRUCTIONS**

NOTICE IN ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:

Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE IN 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.

NOTICE IN 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE IN 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.

NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, NEW HAMPSHIRE, AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony.

NOTICE IN 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.

NOTICE IN 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.

NOTICE IN 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.

NOTICE IN 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE IN TENNESSEE: 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.

NOTICE IN 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.