



# Aetna Affidavit of Sole Survivors

Please fax both pages to: 1-860-907-3281  
 Or  
 Mail to: Attn: Claims Department – Office Key 039  
 Aetna Voluntary Claims  
 PO Box 14079  
 Lexington, KY 40512  
 Questions? Please contact us at 1-888-772-9682

## Insured's Information

Deceased's Name	Deceased's Social Security Number	Date of Death	Policy Number
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**Instructions:** *This form is for informational purposes only, and completion does not constitute a claim for any type of benefits. We need information only for those next of kin who survive, and for those who died **AFTER** the death of the insured. **You can use the next page of this form for parents/siblings.** If you have any additional information on the **next page** of this form, please check the corresponding box(s) below.*

Please clearly print or type information.

Parents (see next page)     Siblings (see next page)

Next of Kin	Print First Name and Last Name	Date of Birth	Date of Death	Social Security Number	Street Address (If unknown state "Unknown")	City	State	ZIP Code	Telephone Number
Husband or Wife* of the Deceased (not ex-spouse)									
All Children of the Deceased (Natural or legally adopted. No Step-children.)									

\* Domestic Partner – A same or opposite sex Domestic Partner may be treated as next of kin under certain life insurance policies or in some states.

\*\* Please fax both pages of this form to 1-860-907-3281. Thank You. \*\*

**PLEASE SEE NEXT PAGE**

**\*\* Please fax both pages of this form to 1-860-907-3281. Thank You. \*\***

Deceased's Name
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Next of Kin	Print First Name and Last Name	Date of Birth	Date of Death	Social Security Number	Street Address (If unknown state "Unknown")	City	State	ZIP Code	Telephone Number
<b>Both Parents of the Deceased (Natural or Adoptive)</b>	Father ( <b>**Required**</b> ):								
	Mother ( <b>**Required**</b> ):								
<b>All Brothers and Sisters of the deceased (Natural or legally adopted. No Step-siblings.)</b>									

If none of the above survives, please provide the insured's estate representatives information.	Name of Estate Representative	Telephone Number
	Address (Street, City, State, ZIP Code)	

**\*\* Both parents required if spouse and/or children predeceased the insured. \*\***

**Print Informant Information Below (Required):**  
 I affirm, under penalty of false statement, that the information provided on both pages of this form is true and complete to the best of my knowledge and belief.

Informant Name \_\_\_\_\_  
 Informant Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

(NOTARY STAMP)

**Notary Public Information:**  
 Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_ in the State of \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public Signature  
 Commission Expires: \_\_\_\_\_

**\*Have any questions? You can call our Customer Service Center toll-free at 1-888-772-9682. Our Customer Service Center hours are Monday through Friday, 8 a.m. to 7 p.m., ET.**

## Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive 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.

**Attention Alabama Residents:** 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. **Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents:** 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. **Attention California Residents:** *For your protection California law requires notice of 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. **Attention Colorado Residents:** 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. **Attention Florida Residents:** 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. **Attention Kansas and Missouri Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form 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 have violated state law. **Attention Kentucky Residents:** 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. **Attention Louisiana Residents:** 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 is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents:** 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. **Attention Maryland Residents:** 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. **Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention North Carolina Residents:** Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Ohio Residents:** 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. **Attention Oklahoma Residents:** 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. **Attention Oregon Residents:** Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form 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 have violated state law. **Attention Pennsylvania Residents:** 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. **Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Texas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents:** Any person who knowingly and with intent to injure, defraud or deceive 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. **Attention Washington Residents:** 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. **Attention New York Residents:** 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Employee's Signature

Date (MM/DD/YYYY)