



HSR Plaza
4100 Medical Parkway
Carrollton, Texas 75007

PROOF OF ACCIDENTAL DEATH AND BENEFIT APPLICATION

Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Address of Insured: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. a. Date of Accident: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. Place of Accident: \_\_\_\_\_
City County State

c. Date of Death: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Describe fully how the accident occurred and the nature of injuries received and if motor vehicle involved, whether deceased was operator, passenger or pedestrian.

\_\_\_\_\_

5. Did the death of the insured arise out of, or in the course of his or her employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Name and address of attending physician(s) \_\_\_\_\_

\_\_\_\_\_

7. a. Are you the beneficiary described in the certificate and entitled to the proceeds thereof?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. State your relationship, if any, to insured: \_\_\_\_\_

c. State your mailing address: \_\_\_\_\_

\_\_\_\_\_

d. State your date of birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IMPORTANT! OFFICIAL BOARD OF HEALTH CERTIFICATE OF DEATH MUST BE FURNISHED. ALSO, ATTACH HOSPITAL RECORD AND NEWSPAPER ACCOUNTS, IF OBTAINABLE.

OVER

I agree that the insurance company shall not be held to admit validity of any claim, or waive the breach of any conditions of the policy by furnishing this blank and investigating the claim.

Dated at \_\_\_\_\_

On \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Beneficiary's Signature

The signature of the beneficiary must be witnessed, in the space provided below, by a notary public or attorney at law.

\_\_\_\_\_  
Witness to Signature of Beneficiary

\_\_\_\_\_  
Title

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Attorney at Law

(personalized seal)

\_\_\_\_\_  
Print name of Notary Public here

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

INSTRUCTIONS

1. The Company reserves the right to obtain further information should it be deemed necessary.
2. When benefits are payable to the estate of the insured, the Benefit Application must be executed by the executor or administrator and a certificate from proper court indicating the appointment must be furnished.
3. When benefits are payable to a minor, the Benefit Application must be executed by a guardian and a certificate from proper court indicating the appointment must be furnished.
4. When there is no attending physician, a certified copy of the verdict or finding of the coroner or other investigating official is required.
5. If coverage is through a rental car agency, attach a legible copy of the rental agreement.