



Affidavit Regarding Death of Insured

Insured (Deceased) Name: _____

Insured Complete Address: _____

Claim Number: _____

The undersigned does hereby warrant and represent:

1. I am the _____ [title] at _____ [name of funeral home].
2. Upon information and belief, _____ [Name of insured] died on or about _____ [date of death].
3. [Complete if known:] Upon information and belief, the cause of death of _____ [Name of insured] was _____.
4. Upon information and belief, the manner of death was
 - Natural Accident
 - Homicide Suicide
 - Unknown Other: _____
5. I will provide a copy of the Death Certificate to OFEGLI once one becomes available.

Executed this _____ day of _____, _____

Signature: _____

Name: _____

License Number: _____

Funeral Home Name: _____

Funeral Home Address: _____

Funeral Home Phone Number: _____

How to submit this form

Mail:

OFEGLI

P.O. Box 6080

Scranton, PA 18505-6080

Overnight Address:

OFEGLI

10 E.D. Preate Drive

Moosic, PA 18507

Fax:

1-570-558-8659

If faxing, allow two (2) hours for the documents to be received. Please note: Most claims are reviewed within five (5) business days.