



NGL Insurance Group
It's about people.

Preneed Claim Form

To Be Completed By Funeral Director

National Guardian Life Insurance Company • Settlers Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 866.228.9450 • www.nglic.com

Instructions for Filing a Claim

Fax or mail all requirements to NGL at the address shown above. We will review your claim and initiate the payment process upon receipt of all required forms.

Please Provide the Following:

1. Claim Form
2. Certified Death Certificate
3. At-Need Funeral Agreement
4. Signed at-need to preneed reconciliation

Policy/Certificate Number _____ Insured Social Security Number _____

Name of Insured _____

Date of Death _____ Insured Date of Birth _____

Cost of Funeral \$ _____

Immediate Cause of Death: Natural Accidental Suicide Homicide

Name of Beneficiary

Name of Funeral Home

Social Security Number

Phone Number

Street Address

Street Address

City State Zip

City State Zip

Excess Proceeds:
Mail excess benefits (if any):

- Payable to Funeral Home (default)
- Payable to Beneficiary – mail to funeral home for delivery
- Payable to Beneficiary – mail to beneficiary directly

Send payment to funeral home via:
 Check Electronic Funds Transfer*

*If requesting payment via Electronic Funds Transfer, you must have completed "Request and Authorization to Pay Claims Via Electronic Funds Transfer" (Form #2636).

To Be Completed By Person Legally Responsible For Making the Funeral Arrangements

AUTHORIZATION OF PAYMENT FOR FUNERAL GOODS AND SERVICES

As the person legally responsible for the funeral arrangements of the deceased Insured, I certify that the funeral provider provided the requested funeral goods and services contracted by or on behalf of the insured, and authorize payment of the above amount to the Funeral Home for the funeral goods and services furnished.

Signature of Person Legally Responsible for Making the Funeral Arrangements

Date

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.



Texas Claims Checklist

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Policy Number: _____	Date of Death: _____
Insured/Deceased Name: _____	

All documents can be submitted via fax to the claims team at: (866) 228-9450

Documents required to file a claim for the policy proceeds:

Claim Form

- Is the policy number indicated?
- Do the signatures on the At-Need and Claim form match?
- Does the cost of the funeral match the At-Need bill?

Certified Death Certificate

- Is the seal legible?

At-Need Funeral Agreement

- Is the Balance Due section completed?
- If money has been paid by the family, is it shown on the bill?
- Is the bill signed by the funeral home and family representative?

Reconciliation

- Completed with amount on page 2 matching balance due section of At Need bill
Or
- Request NGL to complete reconciliation and fax back to Funeral Home for signature

Date Reconciliation faxed back to NGL: _____

****Once all the claim requirements are received and the reconciliation is balanced, the claim will be processed for payment within 48 hours****



Assignment of Preneed Funds

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By signing below, I hereby authorize the Seller, National Guardian Life Insurance Company, under Permit Number 1041, to assign and deliver all contract proceeds of \$_____ under preneed funeral contract number _____ to the servicing funeral home of _____ for payment of funeral services delivered at death on behalf of _____ on _____. I understand that this death maturity assignment holds the permit holder harmless from any further action necessary under this preneed contract.

Purchaser or Purchaser's Representative signature: _____

Date: _____

Funeral Directors Signature: _____

Date: _____