

How to Submit a Death Claim



**SONS of
NORWAY**

1455 West Lake Street
Minneapolis, MN 55408-2666
Toll-free: 800-945-8851
Fax: 612-827-0658

www.sonsofnorway.com

Certificate

No one is ever prepared for a loss of loved one. We realize this is a stressful time for you and your family. We're here to help walk you through the claim process and answer any questions you may have along the way.

Step 1: Complete and Submit Claim Form

For notification of a claim, or to access a claim form:

- Visit our website: www.sofn.com/claims/
- Email completed form to: claims@sofn.com
- Call (800) 945-8851 option 1
- Fax the deceased insured's death certificate to 612-827-0658
- Mail Sons of Norway, 1455 W. Lake Street, Minneapolis, MN, 55408-2666

Step 2: Claim is Assigned

*Within two (2) business days**

Your claim will be assigned to a claims associate who will begin the review process. They may send an acknowledgement letter or request additional information for review.

Step 3: Additional Information

We will continue to reach out to you as the claimant, and/or contact a named funeral home, or a beneficiary.

Request document examples:

- Assignment of a Funeral Home: Funeral Home invoice
- Name Change: Marriage license, divorce decree, or another legal document
- Beneficiary is a Trust: Trustee must sign, and Trust paperwork is required
- Beneficiary is an Estate: Executor must submit certified letters of administration
- POA paperwork acting for the beneficiary
- Death of a beneficiary: Death Certificate on the deceased beneficiary
- Minor as a beneficiary: Guardianship paperwork/certificate letter of guardianship for the juvenile beneficiary

Step 4: Claim Settlement

*Within 7-10 business days**

Once all requested information is received, your claims associate will make a decision on your claim after review of the documents. If you're eligible for benefits, any proceeds due will be sent via mail.

For assistance in completing the form or understanding what information is required, you may contact your producer or call customer service at (800) 945-8851 option 1, Monday through Thursday, 8 a.m. to 5 p.m. CT, and Friday, 8 a.m. to noon. In addition, you may find helpful claims information on our website, www.sofn.com/claims/.

* NOTE: Only if all documents received are satisfactory for our approval of the claim.

Death Benefit Proceeds Form - Life



1. List the policy number(s) or claim number under which you are making a claim

2. Provide information about the deceased

Name

Date of Birth

FIRST

M.I.

LAST

MM/DD/YYYY

Social Security Number

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3. Provide information about the beneficiary. Each beneficiary must complete their own form

If you are an individual beneficiary, complete Section 3A. If you are claiming on behalf of a trust, estate or corporation, continue to Section 3B.

3A. Individual Beneficiary

Relationship to Insured

☐ Spouse ☐ Child ☐ Grandchild ☐ Parent ☐ Sibling ☐ Other _____

Name

Date of Birth

FIRST

M.I.

LAST

MM/DD/YYYY

Income Tax Certification (Required)

Social Security Number

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Mailing Address

STREET

APT.

CITY

STATE

ZIP

Preferred Phone Number

Email

3B. Trust, Estate, Corporation Beneficiary

Capacity under which you are making this claim – CHECK ONE

☐ Corporate Officer ☐ Estate Representative ☐ Trustee ☐ Collateral Assignee ☐ Other

Entity name as shown on income tax return (example: name of trust, estate of deceased individual, corporation name, etc.)

Name of representative/trustee of entity

Income Tax Certification (Required)**Taxpayer Identification Number (TIN)**

Deceased individual's SSN cannot be used.

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Mailing Address

STREET

APT.

CITY

STATE

ZIP

Preferred Phone Number**Email****Date of trust agreement**

MM/DD/YYYY

State where trust was established**Is this grantor trust for federal income tax purposes?**☐ Yes ☐ No**Is there a surviving grantor?**☐ Yes ☐ No**4. Payment of death benefit proceeds**Please indicate your settlement option choice below. *If no selection is made, the proceeds will be distributed to you as a check.*

- ☐ **Check (Direct deposit is not available)**
- ☐ **Minor Beneficiary – Supplemental Contract – Proceeds left on Deposit until age of majority**
- ☐ **Supplemental Contract – Not available for Trusts or other Entities/Estates**
- ☐ Equal payments for number of years: _____ (indicate # of years)
- ☐ Equal payments of Life Income: ☐ 10 years ☐ 20 years
- ☐ Equal payments of specified amount: \$ _____ (indicate \$ amount)
- ☐ Proceeds left to earn interest

The original life insurance contract may have specified that certain settlement alternatives are available for distributing the proceeds to the beneficiaries. Please refer to the original policy for a description of any alternatives. If the policy makes no mention of these, the death benefit proceeds will be distributed in a check. If the policy is not readily available, or for more information on these options, please contact Sons of Norway and a customer service professional will be happy to help you.

5. Read and Sign

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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

Under penalties of perjury, I (as beneficiary named) certify that: (1) my Social Security Number or Taxpayer Identification Number shown on this death benefit proceeds form is my correct Taxpayer Identification Number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (includes a U.S. resident alien), and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Please note: If being submitted for a U.S. policy, this last certification (4) does not apply.)

☐ Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Signature (Required)

Title (Corp. officer, Estate Rep, Trustee, etc.)

Name (Print)

Date

X

Signature (Required)

Title (Corp. officer, Estate Rep, Trustee, etc.)

Name (Print)

Date

Mail to: Sons of Norway, Claims & Benefits
1455 W. Lake Street, Minneapolis, MN 55408

State Variations of Fraud Warnings



Alaska – A 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.

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.

California – For your protection California law requires the following to appear on this form. Any person who knowingly presents 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.

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.

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.

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.

Idaho – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana – Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Louisiana – 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.

Maryland – 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.

Minnesota – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York – 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

Oklahoma – 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.

Oregon – Any person who knowingly presents a false or fraudulent claim or makes intentional misstatements that are material to the risk, may be found guilty of insurance fraud by a court of law.

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.

Rhode Island – 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.

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.

Virginia – 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.

Washington – 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.