

LIFE CLAIM NEW LOSS REPORT

Email completed form to LifeClaimReports@allstate.com (Do not fax form)

Once the report is received, a claim handler will verify beneficiary information against Allstate's records and a claim kit will be sent within three business days.

Policy Number(s): _____

Deceased Information

Name: _____

Address: _____

Date of Birth: ____/____/____ Social Security Number: _____-____-_____

Marital Status: Married Single Divorced Widowed

If divorced, when and where: _____

Date of Death: ____/____/____

Cause of Death: _____

Manner of Death: Natural Accidental Other _____

Did the death occur in a foreign country: Yes No

If yes, what country? _____

Individual Reporting Claim

Name: _____

Address: _____

Phone Number: _____-____-_____ Relationship: _____

Beneficiary Information

Name: _____

Address: _____

Phone Number: _____-____-_____ Relationship: _____

Date of Birth: ____/____/____ Social Security Number: _____-____-_____

Email address: _____

If more than one beneficiary, please document in notes below.

Funeral Home Information

Name: _____

Address: _____

Phone Number: _____-____-_____

Reporting Agent Information (If you are an Allstate agent, please complete this section)

Agent Name: _____

Agent Number: _____

Address: _____

Phone Number: _____-____-_____ Fax Number: _____-____-_____

Email address: _____

Do you plan to personally deliver the claim forms to the beneficiary(ies): Yes No

If yes, please select delivery preference: Email Fax FedEx

Do you plan to personally deliver the proceeds to the customers: Yes No

Notes: _____

