

LIFE CLAIM NEW LOSS REPORT

Email completed form to LifeProtection@allstate.com

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 Domestic Partner

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: _____

Name: _____

Address: _____

Phone Number: _____-_____-_____ Relationship: _____

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

Email address: _____

If more than two beneficiaries, please document in notes below.

Funeral Home Information

Name: _____

Address: _____

Phone Number: _____-_____-_____

Notes: _____
