



DEATH BENEFIT CLAIM FORM

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

1-800-621-3723
www.pna-znp.org

PLEASE PRINT

IMPORTANT! In order to process the claim promptly, we will need the following:

- Insured's original Insurance Certificate or "Affidavit of Loss" form
- Insured's Death Certificate (original or certified copy)
- Correct Address and Social Security Number of the beneficiary
- Completed Claim Form For Death Benefit

CERTIFICATE NO. _____ LODGE: _____

DECEDENT'S FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

1. BENEFICIARY'S NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE _____ E-MAIL _____
MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER _____ RELATIONSHIP _____

2. BENEFICIARY'S NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE _____ E-MAIL _____
MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER _____ RELATIONSHIP _____

REMARKS _____

SIGNATURE _____

This report should be properly completed, signed and mailed to the PNA Claim Department: 6100 N. Cicero Ave., Chicago, IL 60646.
Any additional questions can be noted in the remarks section or asked of the PNA Claim Department: (773) 286-0500 ext. 325
