



Notice of Claim Proof of Death

GE Financial
Employer Services Group

GE Group Life Assurance Company
Attn: Group Life Benefits
PO Box 810, Greenfield, MA 01302-0810

Helpful information about filing for benefits is included on the reverse side. For further assistance, call us at: 1-800-451-2513 x4591.

Employer's Statement

Name of Employee (First, Middle, Last)		Maiden Name	Other Names by which Deceased was known as		Group Account Number	
Legal Residence at Time of Death (No., Street, City, State and Zip Code)				Date of Birth	Date of Death	
Date First Entered Employment	Effective Date of Coverage	Amount of Insurance	Basic	Supplemental	Voluntary	Accidental
Number of Hours Worked Each Week	Occupation	Date Last Worked on a Full-time Basis	Date Premium Payments Ceased	Union Member	Date of Last Salary Change	
Basic Annual Earnings as of Date Last Worked		Reason for Leaving Work				
		<input type="checkbox"/> Retired <input type="checkbox"/> Totally Disabled <input type="checkbox"/> Sick Leave <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> No Longer Employed <input type="checkbox"/> Other				

Any benefit check or checkbook issued will be mailed directly to the beneficiary unless you request otherwise. If you would like the benefit check or checkbook mailed to someone other than the beneficiary, provide us with the name and address below.

Name _____

Address (No., Street, City, State and Zip Code) _____

PLEASE COMPLETE ALL ABOVE ITEMS BEFORE SIGNING. It is certified that the statements contained above are true to the best of our knowledge and belief.

Signature of Authorized Personnel	Print Name	Title	Date Signed
Name of Employer		Telephone Number	
Address (No., Street, City, State and Zip Code)		Fax Number	

Beneficiary's Statement

Each beneficiary claiming an amount of \$10,000.00 or more must complete a separate Beneficiary Statement. The beneficiary's signature is not required if the beneficiary is claiming less than \$10,000.00, in which case the Employer may complete this section.

Name of Beneficiary	Relationship to Insured	Beneficiary's Date of Birth	Home Telephone Number
Address of Beneficiary (No., Street, City, State and Zip Code) - Please Print			Work Telephone Number

Enter Your Social Security Number if you are an Individual Beneficiary/Claimant: _____

or

The Taxpayer Identification Number if you are claiming benefits on behalf of any of the following: Estate; Trust; Corporation: _____

Certification - Under Penalty of perjury, I certify that the information provided on this form is true, correct and complete.

- The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.-You must cross out item 2 above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item 2.

Beneficiary's Signature as it Would Appear When Signing a Check	Date Signed
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Proof of Death

A certified copy of Death Certificate from public records must be furnished as Proof of Death . Photocopies are NOT ACCEPTABLE.

If death was the result of an accident, please provide us with copies of any applicable newspaper clippings.

Please provide us with the Employee's original request for coverage/enrollment form and any subsequent change of beneficiary or change of coverage forms.

WARNING

STATE LAW IN SOME STATES REQUIRES THE FOLLOWING STATEMENT: 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 (in Oregon "may be guilty of insurance fraud") commits a fraudulent insurance act, which (in Oregon "may be subject to prosecution") is a crime and subjects such person to criminal and civil penalties.

THIS NOTICE DOES NOT APPLY IN VIRGINIA

IN CALIFORNIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

IN FLORIDA: "Any person who knowingly and with intent to defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree."

IN NEW JERSEY: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

IN 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 be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation."

Payment of Benefits

The GE Secure Access Account is our cash settlement option for all individual beneficiaries who will be receiving a life insurance benefit of \$10,000.00 or more. If the beneficiary is a corporation, trust or guardian of a minor, or the benefits payable are less than \$10,000.00, the benefits will be paid by check.

The GE Secure Access Account is an interest bearing account provided free of charge on eligible life benefits. The Account has features of a demand deposit or checking account, although you may not make deposits to the account.

GE Secure Access Account Cash Settlement Option Features:

Interest Rate	Once the account has been established, the beneficiary will receive a variable interest rate established by GE Group Life Assurance Company. For current interest rate information, you may call 1-800-206-4066 , 9:00 a.m. - 4:30 p.m. Eastern Time, Monday - Friday.
Monthly Statements	Beneficiaries will receive monthly statements around the 20th day of each month. Cancelled checks will not be returned with monthly statements, however, copies can be obtained for a charge by calling the GE Secure Access Account toll-free number, 1-800-206-4066.
Interest Accrual	The account will be credited with interest earned on the 20th day of each month. Prior to the 20th, interest accrued but not applied will be unavailable to the beneficiary. Checks can only be written for the amount of accrued interest credited to the account.
Minimum Check Amount	The minimum check size is \$250.
Minimum Account Balance	The minimum account balance is \$250.00. If the account balance falls below \$250.00, it will be automatically closed at the end of the monthly accounting cycle and a check for the balance will be issued to the beneficiary.
Closing an Account	To close an account, a check should be written for the existing account balance once all outstanding checks have been deducted. The beneficiary should not try to estimate accrued interest. Any miscalculation in the amount of interest accrued, or attempting to cash a check for interest not yet credited, may result in a check being returned for insufficient funds.
1099 Interest Form	Interest earned on the account may be taxable. You will receive a Federal Form 1099 at year end for the interest earned on proceeds credited to a GE Secure Access Account. If you have concerns regarding tax issues, we suggest that you consult with your financial advisor or attorney.

The terms and conditions applicable to the GE Secure Access Account are contained in the brochure "GE Secure Access Account." A copy of this brochure will be enclosed with the checkbook when the claim is paid. If you would like a copy of the brochure prior to claim submission, please call us at 1-800-451-2513, extension 4591.