



Catholic Life Insurance Notice of Death Form



Instructions

Please complete this Notice of Death Form with as much information as possible.

Decedent Information

Full Legal Name Also include any previous names or aliases that may be in our records		Mailing Address	
Date of Birth		Date of Death	
Social Security (if known)		Funeral Provider & Phone Number	
Manner of Death (Natural, Accidental, Suicide, Homicide, or Pending Investigation)		Catholic Life Insurance Certificate(s), if known	

**Immediate Family Member(s),
Executor(s), Trustee(s), or
Other Point(s) of Contact**

Relationship & Phone Number

**Mailing Address
Including City, State & Zip
Code**

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If additional space is needed, please add to the comments or additional information section on the next page

Next Steps & Expectations

Catholic Life Insurance is dedicated to helping you through this difficult time. In order to best handle your loved ones benefits in a timely manner, we will begin researching to identify all Certificates to which the decedent may be connected, the listed beneficiary(s), and any additional paperwork or information that may be needed. If you have questions or concerns throughout the claims process, we can be reached using the information listed at the end of this form.

Name of the Person Submitting this Form (print)

Date of Signature

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Comments and Additional Information

Comments

If you have details that will help us better assist you, please include them here:

Additional Information

Home Office Hours: Monday-Thursday, 8 a.m.-5 p.m. & Friday, 8 a.m.-3 p.m. (Central)

Email: DthClaims@cliu.com

Fax: 210-828-4629

Phone: 210-828-9921 ext. 254

Toll Free: 800-262-2548 ext. 254

Home Office Physical Address:

1635 N.E. Loop 410
San Antonio, Texas 78209

Our Mailing Address:

P.O. Box 659527
San Antonio, Texas 78265-9527

Name of the Person Submitting this Form (print)

Date of Signature