

Claims Frequently Asked Questions

FAQs About Claims, Death Claims, and Living Benefits Claims

There are several ways to initiate a claim:

1 How do I begin the process?

- Visit our website and go to the “Contact Claims” section to notify us of a death or living benefit claim at NationalLife.com/Contact.
- Email us at Claims@NationalLife.com or
- Call our Contact Center: 800-732-8939.
- Customers can also call their agent first to initiate the process.

2 What do I need to file a death claim?

In order to start the death claims process, you will need the following information:

- Policy number(s)
- Insured’s name
- Place of death (city, state, or country)
- Cause of death
- Insured’s date of death
- Insured’s date of birth

3 What do I need to file a living benefits claim?

To start the living benefits claims process, you will need the following information:

- Policy number(s)
- Insured’s name
- Onset date of the condition or illness
- Details of the condition or illness
- Living benefits rider type: (Accelerated Benefits for Chronic Illness, Accelerated Benefits for Critical Illness, Accelerated Benefits for Critical Injury, Accelerated Benefits for Terminal Illness, Disability Income Rider, Long-Term Care Rider, or Unemployment Rider or Waiver of Premium)

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Frequently Asked Questions

Q/A What will happen after I have reported a claim?

We will assign a claims examiner to your claim and a letter with claim forms will be sent within five (5) business days of your notification.

Death claim: If the policy's total death benefit amount is \$100,000 or less, the claim may be eligible for a simplified process. A claims examiner will contact the beneficiary within five (5) business days to confirm the identity of the beneficiary and discuss the information we will need to process the claim.

If the policy's total death benefit amount is more than \$100,000, a letter with claim forms will be sent to the listed beneficiary(ies) of record.

Living benefits: If your claim is a living benefits claim, the letter will be sent to the policy owner.

Q/A How can I submit the claim requirements?

Once the claim is initiated, your claims examiner will send you a letter with instructions. Please note that in some instances medical records or original documents may be required depending on the type of claim.

Mail: National Life Group's address:
One National Life Drive
Montpelier, Vermont 05604

Email: Claims@NationalLife.com

Fax: 802-229-7353

Q/A How long should I expect the claim approval process to take?

Death claim: The death benefit payment will be processed within five (5) business days of receiving all claim requirements in good order.

Accelerated Benefits Rider claim: The accelerated benefits payment will be processed within fifteen (15) business days of receiving all claim requirements in good order.

Q/A What factors may delay a claim approval process?

A contestable policy: A death or living benefit claim received within 2 years of the policy issue date will require the company to conduct a contestable review of the policy. Additional information or forms will be required; such as the insured's medical records, financial documents, and statements from the agent, beneficiary, or policyowner.

The death occurred in a foreign country: The certified death certificate from the country where the death occurred, must be authenticated and translated into English.

The manner of death was homicide: We will not be able to process the death benefit payment until the homicide or suicide investigation is completed. Additional information will be required such as a copy of the police report, coroner's report, or any other details related to the investigation.

Accidental Death Benefit Rider: We will not be able to process the accidental death benefit payment until it has been determined that the death was due to an accident. Additional information will be required such as a copy of the police report, the type of accident, details of the accident, and any other details related to the accident investigation.

Death Claims FAQs

Q/A When do I need a certified copy of a death certificate?

We need a certified copy of a death certificate for policies showing a total death benefit of greater than \$100,000.

Please note: Deaths occurring outside of the United States always require a certified original death certificate issued by the government of the foreign country with a certified translation in English.

Q/A What if there is more than one beneficiary?

Death claim: A completed claim form is needed from each beneficiary; however, only one certified death certificate is required.

Q/A Can death claim proceeds be assigned to a funeral home?

Yes. Any beneficiary wishing to assign his or her portion of the death benefit to a funeral home must complete an appropriate assignment form from the funeral home and submit it to us along with the claim requirements.

Please note: This does not apply to trust or corporate beneficiaries.

Q/A What is IRS tax form 712?

IRS Form 712 is a statement that provides life insurance policy values as of the date of an insured's or owner's death, or when the policy is transferred as a gift. The IRS requires that it be included when an estate (or gift) tax return is filed. Ask your financial professional or attorney if IRS Form 712 is required.

Q/A What do I do if the policy has a collateral assignment?

Please email us at Claims@NationalLife.com or call our Contact Center at 800-732-8939 to discuss the information we will need to process the claim.

Living Benefits FAQs

Q/A Is there a time limit to file an Accelerated Benefit Rider claim after a diagnosis?

Yes, for Accelerated Benefits for Critical Illness and Accelerated Benefits for Critical Injury, a claim must be filed within 365 days from the original diagnosis date of the qualifying event. Please review the policy's contract and its terms.

Q/A Is there a waiting period before a claim can be filed?

For most critical illnesses/injuries and chronic illnesses, the policy and the rider must be in force for at least 30 days before coverage is available. If a critical or chronic condition occurs during this 30-day period, a claim may not qualify for benefits. Please review the policy's contract and its terms.

Q/A What is the elimination period?

An elimination period is the amount of time you must wait between the beginning of an injury or illness and qualifying for a benefit payment.

- **Most chronic illness riders** have an elimination period of 90 consecutive days. This means the Insured must have a qualifying chronic illness condition for at least 90 consecutive days before they are eligible for benefits. Please review the policy's contract and its terms.
- **The Waiver of Premium riders.** The elimination period varies from 120 days to 6 months, depending on the rider. Please review the policy's contract and its terms.
- **The Disability Income rider** has an elimination period of either 3 months or 6 months depending on the state, type of product, or age of the policy. Please review the policy's contract and its terms.

Q/A Do I still have to pay the policy premium if I filed an Accelerated Benefit Rider claim?

Yes, because the Accelerated Benefits Riders do not offer a waiver of premium provision. Please review the policy's contract and its terms.

Q/A If I accelerate a portion of the total death benefit, will the scheduled premiums automatically reduce?

It depends on the type of policy and rider. Please review the policy's contract and the terms of the Accelerated Benefits Riders.

- **For Term policies:** the premium will change if a portion of the total death benefit is taken.
- **For Whole Life, Indexed Universal Life, and Universal Life policies:** Please contact the Contact Center at 800-732-8939 to reduce the scheduled premium.

Q/A Will I receive the full death benefit?

No, because the actual payment the policy owner will receive will be less than the portion of the death benefit accelerated because the benefits are paid prior to death. Please review the policy's contract and its terms. Please contact our Contact Center at 800-732-8939 if you have any additional questions.

Q/A What information is needed if the policy owner is not competent?

We will need a copy of the durable power of attorney or copy of the court-appointed financial guardian of property.

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