



LIFE CLAIM BENEFIT VERIFICATION REQUEST

Please use this form with one or more of the following Kemper Life companies: United Insurance Company of America, The Reliable Life Insurance Company, Union National Life Insurance Company, or Mutual Savings Life Insurance Company, and for policies administered for Jackson National Life Insurance Company.

Deceased Name: _____

Date of Death: _____ Date of Birth: _____

Cause of Death: _____

Policy Numbers anticipated to be assigned: **(Note: An assignment will not be recognized until a completed assignment form is received by the Company)**

Funeral Home Requesting Information:

Name of Funeral Home

Mailing Address

City, State and Zip

Area Code and Telephone Number

Email Address of Funeral Home: **(Required; cannot be left blank)**

Remarks: Additional verification may be required due to any discrepancy in the date of birth and/or deceased name.