



**FORTUNE LIFE INSURANCE CO., INC.**  
 Fortune Life Building, 162 Legazpi Street  
 Legazpi Village, 1229 Makati City  
 Tel. Nos.: (02) 892-9841 to 49 (connecting all dept's)  
 Fax No.: (02) 812-2703  
 e-mail address: [fortlife@fortunelife.com](mailto:fortlife@fortunelife.com)  
 URL <http://www.fortunelife.com>

## REQUIREMENT CHECKLIST FOR DEATH CLAIMS UNDER GROUP ACCOUNTS

- ( ) **Claimant's Statement (attached)**
  - Must be fully accomplished, and signed by the claimant/beneficiary and notarized
- ( ) **Attending Physician's Statement Form (attached)**
  - Must be fully accomplished, signed and notarized by the Physician who attended to the deceased's last illness PRIOR to the illness or circumstance causing the death.
- ( ) **Certificate of Authorization (attached)**
  - Must be fully accomplished, and signed by the beneficiary and witness and notarized
- ( ) **Original or certified true copy of Death Certificate**
- ( ) **Original or certified true copy of Police Report (In case of violent or accidental death)**
- ( ) **Original or certified true copy of insured's marriage contract, if applicable**
- ( ) **Copy of Valid IDs of Insured and beneficiaries**
- ( ) **Original or certified true copy of Birth Certificate of Insured and beneficiaries**
- ( ) **Original or certified true copies of Loan Vouchers and/or loan applications for CGLI cases**
- ( ) **Proof of Cover for GYRT cases**
- ( ) **Admitting History of Insured's confinements (NOT Discharge Summary/other Records)**

The release of our claim forms and the request for further information and documents does not necessarily mean that Fortune Life Insurance Company, Inc. is accepting liability under this policy. The company reserves the right to evaluate the claim based on its own merits and/or to require additional proof or evidence for further evaluation.

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**TO :** CLAIMS DEPARTMENT

**FROM :** \_\_\_\_\_  
 Branch Cashier

**DATE :** \_\_\_\_\_

Sending claim forms with check marks on \_\_\_\_\_  
 (Insured's name)

Thank you.

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Dear Mr. / Ms. \_\_\_\_\_

We hereby acknowledge receipt of your claims documents for Policyholder \_\_\_\_\_ which we received today

\_\_\_\_\_. Please call us on/or after \_\_\_\_\_  
 for update/s on your claim.

Thank you. \_\_\_\_\_  
 Claims Dept. / Branch Cashier

Tel Nos. 892-9841 loc. 113/114/174  
 Telefax 812-27-03  
 DL 668-0086; 734-8696

**ANTI FRAUD WARNING / PAALALA:**  
*"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."*