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### Group Policy Information Sheet

(to be submitted with new Group policies for information obtainment)

Deceased Name: \_\_\_\_\_

Funeral Home Name: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Any Contacts reached: \_\_\_\_\_

Any numbers used: Phone-\_\_\_\_\_ Fax-\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Any Contacts reached: \_\_\_\_\_

Any numbers used: Phone-\_\_\_\_\_ Fax-\_\_\_\_\_

Is the deceased a dependant on a policy?  Yes  No

If yes, please provide the policy holders name & relationship: \_\_\_\_\_

\_\_\_\_\_

Policy holder's Social Security Number: \_\_\_\_\_

Is the deceased retired from this employer?  Yes  No

If so, what year did the deceased retire? \_\_\_\_\_