



Winnebago Tribe of Nebraska Tribal Life Insurance | PO Box 687 | Winnebago, Nebraska 68071  
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### Tribal Member Life Insurance Program - Benefit Claim Form

This form is not to be construed as an admission of the validity of any claim or as a waiver of any condition of the Tribal Member Life Insurance Benefit Program of the Winnebago Tribe. This claim is made by the undersigned for the payment of proceeds under the Tribal Member Life Insurance Benefit Program Policy in accordance with Provisions thereof:

1. Full Name of the Deceased \_\_\_\_\_
2. Is Insured known by other names? \_\_\_\_\_
3. Address of Insured \_\_\_\_\_
4. Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Cause of Death \_\_\_\_\_
6. Beneficiary Name \_\_\_\_\_
7. Beneficiary Full Address \_\_\_\_\_
8. Beneficiary Phone Number \_\_\_\_\_
9. Beneficiary's Relationship to Insured \_\_\_\_\_
10. Beneficiary's Date of Birth \_\_\_\_\_
11. Beneficiary's Social Security Number \_\_\_\_\_

**\*\*\*Please return this form with a certified copy of the Insured's certified death certificate\*\*\***

#### Certification - Under penalty of law, I certify that:

- a. I am an eligible to make this claim as a beneficiary of the deceased and am hereby requesting payment under the Winnebago Tribe of Nebraska Tribal Member Insurance Benefit Program.
- b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- c. The statements I have made on this form are true and correct.

**X** \_\_\_\_\_  
**BENEFICIARY SIGNATURE**

**DO NOT APPLY SIGNATURE UNTIL  
IN PRESENCE OF NOTARY PUBLIC**

\*\*\*\*\* **FOR NOTARY PUBLIC USE ONLY** \*\*\*\*\*

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

*AFFIX SEAL BELOW:*

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**

\_\_\_\_\_  
**MY COMMISSION EXPIRES**