



You're in good hands.

Allstate Life Insurance Company  
Life Claims

PO Box 620068  
Dallas, TX 75266-0068

Tel: (800) 366-3495  
Fax: (866) 635-4525

# INITIATE A CLAIM REQUEST

Please complete this form to the best of your abilities.

## 1. DECEASED INFORMATION

POLICY NUMBER(S):	SOCIAL SECURITY NUMBER: 	MARITAL STATUS (CIRCLE ONE): MARRIED / SINGLE / DIVORCE / WIDOWED IF DIVORCED, WHEN AND WHERE:	
DECEASED NAME:	DATE OF BIRTH:	MANNER OF DEATH (CIRCLE ONE): NATURAL / ACCIDENT / OTHER	
DATE OF DEATH:	CAUSE OF DEATH:	STATE:	ZIP CODE:
ADDRESS:	CITY:		
DID THE DEATH OCCUR IN FOREIGN COUNTRY (CIRCLE ONE): YES / NO			
IF YES, WHAT COUNTRY?			

## 2. YOUR INFORMATION

NAME:	PHONE NUMBER:		
RELATIONSHIP TO DECEASED:	EMAIL ADDRESS:		
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

## 3. BENEFICIARY INFORMATION – IF KNOWN (IF MORE THAN ONE BENEFICIARY LIST IN NOTES SECTION)

BENEFICIARY NAME	EMAIL ADDRESS:	PHONE NUMBER:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	RELATIONSHIP TO DECEASED:	
MAILING ADDRESS (if different than above)	CITY:	STATE:	ZIP CODE:

## 4. FUNERAL HOME INFORMATION – IF KNOWN:

NAME	PHONE NUMBER:		
ADDRESS	CITY	STATE	ZIP CODE

## 5. NOTES - Please use this section to input any other information you think we should have. Including other beneficiaries.:

We are very sorry to learn of your loss and extend our sincere condolences. We strive to make the claim process as easy as possible. We are committed to being there for you during this challenging time. Claim forms will be mailed in 5-7 days after receiving this request. Need help filing a claim? Reach out to us at (800) 366-3495.