

Triton Insurance Company

P.O. Box 2548, Fort Worth, TX 76113-2548

Toll Free 844-859-5323 | Fax 800-350-9582

claims@MemberLifeEvents.com

LIFE EVENT CLAIM FORM

MARRIAGE/DISSOLUTION OF MARRIAGE/DIVORCE

Member's Name:

Member's Number:

Claim Number:

LIFE EVENT - IMPORTANT INFORMATION

For Arizona residents only: For your protection Arizona law requires the following statement to appear on the form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For California residents only: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Pennsylvania residents only: Any person who, with intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that can include fines and confinement in prison.

For New York residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature

Date

For residents of other states (NOTE: None of these notices apply to Oregon residents.): Any person who, with intent to defraud, knowingly submits an application to or files a claim with an insurance company or other person containing false, incomplete, misleading or deceptive facts, statements or information or any insurance representative doing so to a policyholder or claimant with regard to a settlement or award payable from proceeds may be reported to the department of regulatory agencies and may be guilty of insurance fraud which is a crime and subjects such person to civil and criminal penalties that include fines and confinement in prison.

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INSTRUCTIONS FOR CLAIM SUBMISSION (Print or Type)

- (1) Fully complete Section A, B, and signature field on the form.
- (2) Attach the required documentation listed below related to your event.
 - (a) Marriage: Attach copy of legally recorded marriage certificate; **or**
 - (b) Dissolution of Marriage or Divorce: Attach copy of legally recorded divorce decree, dissolution of marriage, or dissolution of civil union document.
- (3) All dates must include the month, day, and year (mm/dd/yy).
- (4) Send this fully completed claim form and attachments to Insurance Claims Department, as indicated above, or upload your claim documents at www.MemberLifeEvents.com. Keep a copy for your records. Please be advised that email is not considered a secure method of delivery for personal/medical information. Please note, not all event types are included in all membership plans.
- (5) Benefit processing may be delayed if all required documentation is not provided.

Note: Altered Forms cannot be accepted.

SECTION A MEMBER'S INFORMATION

Member's Name		Social Security Number	
Mailing Address	City	State	Zip
Email Address		Telephone Number	

SECTION B PROVIDE THE FOLLOWING INFORMATION REGARDING LIFE EVENT

Type of Event	Marriage <input type="radio"/>	Dissolution of Marriage/Divorce <input type="radio"/>
Name of other person		
Date of Life Event		
<i>I affirm the information I have provided herein is accurate and complete.</i>		
Signature of Member		Date