

# Triton Insurance Company

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

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

[claims@MemberLifeEvents.com](mailto:claims@MemberLifeEvents.com)

## LIFE EVENT CLAIM FORM

### PROFESSIONAL MOVING AND STORAGE CONTRACT BENEFIT

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 claim form.
- (2) Attach the required documentation listed below related to your event.
  - (a) Attach copy of Commercial Moving Company Contract or Commercial Moving Company Container (POD) invoice and move contract; **and**
  - (b) Attach copy of signed lease, closing contract, deed of trust, or U.S. Postal Service change of address confirmation for member's new primary residence.

**Note:** Does not cover do-it yourself moving trucks, trailers, or storage rentals.

- (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](http://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) Claim 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
Email Address	Telephone Number

#### SECTION B PROVIDE THE FOLLOWING INFORMATION REGARDING LIFE EVENT

Date of Life Event			
Previous Mailing Address	City	State	Zip
Mailing Address for new primary residence	City	State	Zip
Do you live in your primary residence for at least 9 months per year?	Yes <input type="radio"/>	No <input type="radio"/>	

***I affirm the information I have provided herein is accurate and complete.***

Signature of Member

Date