

Foreign Death Questionnaire

Instructions: Complete fully. Attach additional paper as needed to provide responses.

A. Personal information of deceased

1. Name of deceased				2. Policy numbers	
3. Last address in U.S.					
4. Date of birth	5. Place of birth	6. Was deceased a U.S. citizen?	☐ Yes ☐ No	7. If no, country of citizenship	8. Passport number
9. Occupation					10. Date last worked
11. Employer (name and address)					12. Social Security number
13. Did the deceased have any other life or accidental death insurance coverage? ☐ Yes ☐ No If yes, provide details					

B. Travel information

1. Date deceased left U.S.		2. Intended duration of trip		3. Intended itinerary (attach copy if available)	
4. Purpose of trip					
5. Travel companions		Name		Address (street, city, state, zip code)	
				Phone number	
				()	
				()	
6. Was a travel agent used? ☐ Yes ☐ No If "yes", provide name, address, and phone number					
7. Airline used when departing from U.S.					8. Flight number
9. Airport departed from		10. Interim airports			11. Airport arrived at
12. Was return flight booked? ☐ Yes ☐ No If "yes", give ticket information					

C. Health information of deceased

1. Note any significant health conditions the deceased had been diagnosed with or treated for prior to taking the trip	
2. List any medications deceased was taking at the time of departure	
3. Physicians in U.S. – name, address, phone number	Date last seen
4. What was the deceased's overall health status at the time of departure?	

D. Details of death

1. Foreign address at time of death	2. Nature of address ☐ Hotel ☐ Private home of _____ ☐ Other _____
3. Exact place of death	4. Date and time of death
5. Exact cause of death	

D. Details of death (continued)**1. Accident**

a. Details of accident

b. Names and addresses of witnesses

c. Names of police officers and police department involved

2. Natural causes

a. Nature of illness

b. Date illness began

c. Circumstances leading to death

3. In either case

a. Names and addresses of all hospitals involved

b. Names and addresses of all attending physicians

c. Name of physician certifying death

4. Was there an autopsy? ☐ Yes ☐ No5. Any postmortem or inquest? ☐ Yes ☐ No6. Was the U.S. Embassy
or Consulate involved? ☐ Yes
☐ No

If yes, give details and attach copy of Report of Death of an American Citizen Abroad.

7. Names and addresses of other persons having information regarding the insured's death

Attach any newspaper articles related to insured's death.

E. Burial/Cremation1. Deceased was ☐ buried
☐ cremated

2. Place (name and address) of cremation or burial

3. What documentation was obtained to permit burial or cremation? Attach copies if available.

4. Name, address, and relationship of person who made the arrangements

5. Please describe any funeral or memorial services, including date and place

6. Names and addresses of family members who were present at funeral/memorial service

7. Names and addresses of two people not related to the deceased who were present at funeral/memorial service

F. Personal information of claimant

1. Name (print)

2. Address

3. Social Security number

4. Relationship to deceased

5. Date of birth

I hereby declare that the foregoing information is true to the best of my knowledge and belief.

Signed

Date