

# Membership Verification Form



## MEMBERSHIP INFORMATION

Provided by 5Star Life Insurance Company

Member's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment:** I, \_\_\_\_\_, an Association Representative, hereby acknowledges and certifies that the information printed above is true and correct to the best of my knowledge and belief. It is understood that the member information provided will be used to determine the member eligibility of the group life insurance coverage underwritten by 5Star Life Insurance Company as of the date of the member's death. If the information is not accurate, the correct information is provided below in the comments section. *(Please attach an 8-1/2 x 11 sheet if additional space is required.)*

Was \_\_\_\_\_ an active member of the Association on date of application?  
(Member Name)

Your response must be in line with the provisions of the certificate.  Yes  No

Date of Membership: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please print clearly)

Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Association Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to: [claims@5starlifeinsurance.com](mailto:claims@5starlifeinsurance.com)