

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 Union 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 Union 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: _____ @ _____

Union Address: _____

Signature

Date

Please return to: claims@5starlifeinsurance.com