



GULF GUARANTY LIFE INSURANCE COMPANY  
P.O. BOX 12409  
JACKSON, MS 39236-2409  
800-248-3146

**DEATH CLAIM REPORTING FORM**

NAME OF INSURED \_\_\_\_\_

CERTIFICATE OR REFERENCE NO. \_\_\_\_\_

ORIGINAL AMOUNT OF INSURANCE \_\_\_\_\_

DATE OF CERTIFICATE \_\_\_\_\_ TERM OF CERTIFICATE \_\_\_\_\_

AMOUNT PAID ON LOAN PRIOR TO DATE OF DEATH \_\_\_\_\_

MONTHS PAST DUE ON DATE OF DEATH \_\_\_\_\_ EXTENTIONS \_\_\_\_\_

NET PAYOFF DUE CREDITOR ON DATE OF DEATH \_\_\_\_\_

NAME OF SECOND BENEFICIARY \_\_\_\_\_

NAME OF CREDITOR \_\_\_\_\_

CONTACT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NO. (    ) \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO PROCESS CLAIM:**

1. DEATH CERTIFICATE
2. COPY OF NOTE AND DISCLOSURE STATEMENT
3. COPY OF PAYMENT HISTORY
4. PRINTOUT SHOWING HOW NET PAYOFF WAS CALCULATED –  
BE SURE PER DIEM IS SHOWN ON PRINTOUT