

# LIFE INSURANCE CLAIM

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## FILING GUIDE

*Step-by-Step Workbook for Beneficiaries and Families*

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Checklists | Contact Logs | Timeline Tracker | Rights Reference

**M E M O R I A L M E R I T S**

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## Share This Resource Freely

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This workbook was created to help families navigate one of the most stressful financial processes they will ever face. It belongs in the hands of anyone who needs it.

You are welcome and encouraged to share, print, photocopy, and distribute this workbook at no cost. It may be used in both personal and professional settings, including:

- Funeral homes and mortuaries
- Estate planning and probate attorneys
- Financial advisors and insurance agents
- Grief counselors and therapists
- Hospice organizations and palliative care teams
- Human resources departments
- Faith communities and congregational care teams
- Veterans service organizations and military family support

The only requirement is that the Memorial Merits branding and footer remain intact on every page. No modifications to the content are permitted without written approval.

If this workbook has helped you or your clients, we would love to hear about it. Reach out anytime at [Support@MemorialMerits.com](mailto:Support@MemorialMerits.com).



*Scan to visit [MemorialMerits.com](https://MemorialMerits.com)*

Free resources for families navigating loss, legacy, and end-of-life planning.

## How to Use This Workbook

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This workbook is designed to sit in the same folder as your life insurance documents. Keep it with the policy, the death certificates, and every piece of correspondence you receive from the insurance company. It follows the same step-by-step process outlined in the full online guide and gives you a place to track everything in one location.

You do not need to complete every page. Some sections may not apply to your situation. Use what serves you and skip what does not.

### What You Will Find Inside

1. **Policy Information Sheet** — Record your loved one's policy details in one place so your family never has to search.
2. **Document Checklist** — Track every document you need before making your first call.
3. **Insurance Company Contact Log** — Record every call, every name, every promise.
4. **Claims Timeline Tracker** — Stay oriented across the 30 to 60 day process.
5. **Payout Option Comparison** — Compare lump sum, annuity, and retained asset account side by side.
6. **Beneficiary Rights Quick Reference** — Know your rights before every call.
7. **Appeal Letter Outline** — Structured framework if your claim is denied.
8. **Evidence and Documentation Log** — Track what you have gathered and what you have submitted.
9. **State Insurance Department Contact Page** — Your direct line to regulatory help.
10. **Emergency Contacts and Next Steps** — Keep every important number in one place.

***When you are grieving, your memory is unreliable. This workbook becomes your memory.***

# Policy Information Sheet

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Complete this page and store it with your important documents. This is the page your family finds when they need it.

## Insured (Person Covered by the Policy)

**Full Legal Name:**

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**Date of Birth:**

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**Social Security Number:**

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**Date of Death:**

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**Last Known Address:**

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## Policy Details

**Insurance Company Name:**

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**Policy Number:**

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**Policy Type (Term / Whole / Universal / Group):**

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**Face Value (Death Benefit Amount):**

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**Issue Date:** \_\_\_\_\_

**Premium Amount and Frequency:**

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**Location of Physical Policy Document:** \_\_\_\_\_

## Agent or Advisor

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Beneficiaries**

**Primary Beneficiary:**

\_\_\_\_\_

**Contingent Beneficiary:** \_\_\_\_\_

**Date Designations Last Reviewed:** \_\_\_\_\_

## Document Checklist

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Check off each item as you locate or obtain it. Gather everything before making your first call to the insurance company.

Document	Located	Needed	N/A
Life insurance policy (original or copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified death certificates (qty: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your government-issued photo ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Social Security number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured's Social Security number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured's date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured's last known address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause of death documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical examiner / autopsy report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer group policy number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment verification letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust agreement (if trust is beneficiary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship / custodial documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingent beneficiary death certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military service records (VA claims)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank statements showing premium payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Number of death certificates ordered:** \_\_\_\_\_

**Date ordered:** \_\_\_\_\_

**Ordered through (funeral director / vital records):** \_\_\_\_\_

# Insurance Company Contact Log

Record every interaction with the insurance company. Date, time, name, and what was discussed. This log becomes your strongest tool if the process becomes contentious.

Insurance Company: \_\_\_\_\_

Claims Department Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date	Time	Representative	Discussion Summary	Follow-Up

*Tip: Ask for a direct extension when speaking with a representative. Write it next to their name. If you need to follow up, calling them directly saves hours of hold time.*

## Claims Timeline Tracker

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The claims process typically spans 30 to 60 days. Use this tracker to stay oriented and ensure nothing falls through the cracks.

Milestone	Target Date	Actual Date
Date of death		
Policy located		
Death certificates ordered		
Death certificates received		
Insurance company contacted		
Claim number assigned		
Claim form received		
Claim form completed and submitted		
Insurer acknowledged receipt		
Additional documentation requested		
Additional documentation submitted		
14-day follow-up call		
30-day follow-up call		
Decision received (approved / denied)		
Payout option selected		
Death benefit received		

*Note: Most states require insurers to process claims within 30 to 60 days of receiving a complete submission. If the insurer misses these deadlines, they may owe you interest on the death benefit.*



## Payout Option Comparison Worksheet

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Before accepting the insurance company's default payment method, compare your options. Fill in the details offered by your insurer for each structure.

	Lump Sum	Annuity	Retained Asset
Amount Offered			
Payment Schedule			
Interest Rate			
Taxable Portion			
FDIC Protected?			
Your Control Level			
Restrictions			
Fees or Penalties			

### My Decision

Payout option selected: \_\_\_\_\_

Reason for selection: \_\_\_\_\_

**Important:** Retained asset accounts are not FDIC-insured and often pay lower interest rates than a standard savings account. You have the right to request a full lump sum payment.

# Beneficiary Rights Quick Reference

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Keep this page in front of you during every call with the insurance company. You have rights they are not required to tell you about.

## Right to a Timely Decision

Most states require insurers to acknowledge your claim within a set number of days and pay or deny within 30 to 60 days of receiving a complete submission. If they miss these deadlines, they may owe you interest.

## Right to a Written Denial Explanation

If your claim is denied, the insurer must provide a written letter citing the specific policy provision and factual basis for the denial. A verbal denial is not sufficient. Request the letter immediately.

## Right to Appeal

Every insurer has an internal appeals process. Beyond that, your state's department of insurance can review the denial independently. A denial is not the end of the process.

## Right to Choose Your Payout Structure

You are not required to accept the insurer's default payment method. You can request a full lump sum payment. Retained asset accounts may not be FDIC-insured and often pay lower interest than a basic savings account.

## Right to Policy Information

As a named beneficiary, you are entitled to know the face value, policy type, outstanding loans or liens, and premium payment status. If the insurer says the policy lapsed, request the full payment history and the date of lapse.

## Right to Regulatory Protection

Your state's department of insurance will investigate complaints at no cost. They have regulatory authority over insurers operating in your state. Find yours at [content.naic.org/state-insurance-departments](http://content.naic.org/state-insurance-departments).

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***If you feel the insurer is acting in bad faith, document everything and file a complaint with your state's department of insurance.***

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# Appeal Letter Outline

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If your claim is denied, use this outline to structure your written appeal. Address each denial reason individually with supporting documentation. Send by certified mail with return receipt.

## Header Information

**Your Full Name:**

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**Your Address:**

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**Date:** \_\_\_\_\_

**Insurance Company Name:**

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**Claims Department Address:**

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## Reference Line

**Claim Number:**

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**Policy Number:**

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**Date of Denial Letter:** \_\_\_\_\_

**Insured Name:**

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## Appeal Body Structure

1. **Opening statement:** State that you are formally appealing the denial dated [date] for claim number [number].
2. **Denial reason #1:** Quote the specific reason from the denial letter. Then present your evidence that contradicts it. List attached documentation.
3. **Denial reason #2 (if applicable):** Same structure. Each reason addressed individually.
4. **Policy language comparison:** If the denial misinterprets or misapplies a policy provision, quote the actual policy language and explain why the denial does not align.

5. **Closing request:** Request reconsideration and full payment of the death benefit. State a reasonable response deadline (30 days). Note that you will escalate to the state department of insurance if the appeal is not resolved.

**Documentation Attached**

**Document 1:** \_\_\_\_\_

**Document 2:** \_\_\_\_\_

**Document 3:** \_\_\_\_\_

**Document 4:** \_\_\_\_\_

**Document 5:** \_\_\_\_\_

**Sent via (certified mail / secure upload):** \_\_\_\_\_

**Date sent:** \_\_\_\_\_

**Tracking or confirmation number:** \_\_\_\_\_

# Evidence and Documentation Log

For disputed or complex claims, track every document you gather and every item you submit to the insurer. This log is your proof of what was provided and when.

Document Name	Date Received	Source	Relevance	Date Submitted

*Tip: Always keep copies of everything before submitting. If mailing physical documents, use certified mail with return receipt. If uploading digitally, take screenshots of the confirmation.*

## State Insurance Department Contact Page

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Your state's department of insurance has regulatory authority over insurers operating in your state. They investigate complaints at no cost to you. Find your state's department at:

**[content.naic.org/state-insurance-departments](https://content.naic.org/state-insurance-departments)**

**State:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Online Complaint Portal URL:** \_\_\_\_\_

### Complaint Filing Notes

Your complaint should include:

- Complete timeline of your claim from date of death to present
- Copies of all correspondence with the insurer
- The denial letter with the specific provision cited
- Your appeal letter and the insurer's response (if any)
- All supporting evidence and documentation

**Complaint filed on (date):** \_\_\_\_\_

**Complaint reference number:** \_\_\_\_\_

**Assigned investigator name:** \_\_\_\_\_

**Investigator phone or email:** \_\_\_\_\_

## Emergency Contacts and Next Steps

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Keep every important contact in one place. Fill in as you go.

### Legal

Estate Attorney Name: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Legal Service Membership (if applicable): \_\_\_\_\_

### Financial

Financial Advisor Name: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

CPA or Tax Professional Name: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Bank Contact (for account changes): \_\_\_\_\_

Phone: \_\_\_\_\_

### Funeral and Estate

Funeral Director Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Executor of Estate: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

### Support

Grief Counselor or Therapist: \_\_\_\_\_

**Phone / Email:**

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**Trusted Family Member or Friend:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Notes

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## Access the Complete Online Guide

Scan the code below with your smartphone camera for the full step-by-step guide with additional resources, interactive tools, expert recommendations, and links to every authority source referenced in this workbook.



[memorialmerits.com/how-to-file-life-insurance-claim-after-death-step-by-step](https://memorialmerits.com/how-to-file-life-insurance-claim-after-death-step-by-step)

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M E M O R I A L M E R I T S

*Sanctuary, not sales floor.*

Free resources for families navigating loss, legacy, and end-of-life planning.