ELITE FUNERAL FUNDING

P.O. Box 25128
Tamarac, FL 33320
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Phone: 954-945-3114
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NEW CLAIM INFORMATION FORM

Funeral Home: _____ **Ph:** _____

Deceased: _____ **Date of Death** _____ **Assign amt:** _____

SS#_____ **Date of Birth** _____ **# of Surviving Children**: _____

Cause of Death: (check one) ☐Natural ☐Accident ☐Homicide ☐Suicide ☐Pending DC (coroner case)
Marital Status: (check one) ☐Married ☐Divorced ☐Never Married ☐Widowed **Srvc Date:** _____

Ins. Co.		**Ph#** (if available)	
Policy Number(s)			
Issue Dates			
Face Amounts			
Beneficiary(ies)			
Do you have the policy?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Has the above Ins. Co. been notified?	☐Yes ☐No		

Ins. Co.		**Ph#** (if available)	
Policy Number(s)			
Issue Dates			
Face Amounts			
Beneficiary(ies)			
Do you have the policy?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Has the above Ins. Co. been notified?	☐Yes ☐No		

If coverage is through an employer (GROUP CLAIM), please provide Employer contact information.

EMPLOYER: _____ Contact Name:_____

Employer Phone: _____ Is the deceased the EMPLOYEE? ☐Yes/ No☐