

Please list names of the facilities at which the deceased received treatment within the last five years preceding death:

NAME	ADDRESS	TELEPHONE NUMBER	DATES OF ATTENDANCE
NAME	ADDRESS	TELEPHONE NUMBER	DATES OF ATTENDANCE
NAME	ADDRESS	TELEPHONE NUMBER	DATES OF ATTENDANCE

BENEFICIARY 1

Name: _____
Date of birth: _____ Relationship: _____
Social security number: _____
Telephone number: _____
Complete address: _____

Signature: _____ **Date:** _____

BENEFICIARY 2

Name: _____
Date of birth: _____ Relationship: _____
Social security number: _____
Telephone number: _____
Complete address: _____

Signature: _____ **Date:** _____

BENEFICIARY 3

Name: _____
Date of birth: _____ Relationship: _____
Social security number: _____
Telephone number: _____
Complete address: _____

Signature: _____ **Date:** _____

BENEFICIARY 4

Name: _____
Date of birth: _____ Relationship: _____
Social security number: _____
Telephone number: _____
Complete address: _____

Signature: _____ **Date:** _____

Authorization

I agree that the written statements of all physicians who attended or treated the deceased and all other papers called for by Madison National Life Insurance Company, hereafter called the Company, shall constitute, and they are hereby made a part, of these proofs of death and further agree that all provisions of law forbidding any physician or other person who attended deceased from disclosing any knowledge or information acquired by him are hereby waived. I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically-related health care facility or health care provider, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available concerning the diagnosis, treatment or prognosis of any physical or mental condition of the deceased, to give to the Company, or its legal representative any and all such information.

I understand the information obtained by use of this Authorization will be used by the Company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim or as may be otherwise lawfully required or as I may further authorize.

I understand that I may receive a copy of this authorization upon request, agree that a photographic copy of this Authorization shall be as valid as the original and agree that this Authorization shall be valid for two years from the date shown below.

I have received and read the fraud warning statements provided with this form

Signature of Beneficiary 1

Date

Signature of Beneficiary 2

Date

Signature of Beneficiary 3

Date

Signature of Beneficiary 4

Date



NOTICE: If you need translation services, please contact Madison National Life Insurance Company, Inc. at 1 (800) 356-3601, then selection option 1 for assistance.

AVISO: Si necesita servicios de traducción, comuníquese con Madison National Life Insurance Company, Inc. al 1 (800) 356-3601 y luego seleccione la opción 1 para obtener ayuda.

如果您需要翻译服务，请致电 1 (800) 356-3601 联系麦迪逊国家人寿保险公司，然后选择选项 1 寻求帮助。

Díjijí'ígíí: T'áá shikaadééł nihá shikaadééł dóó, Madison National Life Insurance Company, Inc. ádíí' 1 (800) 356-3601, doo ádíí' 1 t'áá'íiyisí yáhoot'éeł.

PAUNAWA: Kung kailangan mo ng serbisyo sa pagsasalin, mangyaring makipag-ugnayan sa Madison National Life Insurance Company, Inc. sa 1 (800) 356-3601, pagkatapos ay piliin ang opsyon 1 para sa tulong.

NOTIZ: Wenn der Übersetzungsdienst gebraucht wird, bitte Madison National Life Insurance Company unter 1 (800) 356-3601 anrufen und dann Option 1 für Hilfe wählen.

AVIS: Si vous avez besoin de services de traduction, veuillez contacter Madison National Life Insurance Company, Inc. au 1 (800) 356-3601, puis sélectionnez l'option 1 pour obtenir de l'aide.

HINWEIS: Wenn Sie Übersetzungsdienste benötigen, wenden Sie sich bitte an die Madison National Life Insurance Company, Inc. unter 1 (800) 356-3601 und dann an die Auswahloption 1, um Unterstützung zu erhalten.

ВНИМАНИЕ: Если вам требуются услуги перевода, свяжитесь с Madison National Life Insurance Company, Inc. по телефону 1 (800) 356-3601, а затем выберите вариант 1 для получения помощи.

The following Fraud Warning applies to these states: **Connecticut, District of Columbia, Georgia, Hawaii, Illinois, Iowa, Kansas, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Utah, Vermont, Wisconsin and Wyoming.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC FRAUD WARNINGS

ALABAMA WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ALASKA WARNING: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA WARNING: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, LOUISIANA & WEST VIRGINIA WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

DELAWARE & IDAHO WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

INDIANA WARNING: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines, confinement in prison and/or denial of insurance benefits.

MINNESOTA WARNING: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE WARNING: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY WARNING: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE, VIRGINIA & WASHINGTON WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

TEXAS WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in the state prison.