



Small Group Required Information Checklist

Insured Information

Name of Insured		Date
Certificate No.	Contract Code 1518, 7900	Contract Type Basic Hospital
Insured's Address		City / State / ZIP code

So that we can process your request, please complete and return the following forms and/or information to the address indicated below.

IF YOUR INQUIRY CONCERNS:

- Change in beneficiary designation or name change:**
Complete the Change of Beneficiary and/or Name form (Form #WL 40 04)
- Absolute assignment:**
Complete the Absolute Assignment form (Form #WL 40 05)

Mail the appropriate form with a copy of this checklist to:

BC Life & Health Insurance Company
Small Group Services
P.O. Box 9062
Oxnard, CA 93031-9062

IF YOUR INQUIRY CONCERNS:

- Request for life insurance conversion:**
Complete the Request for Conversion form (Form #WL 20 02)

Mail the appropriate form with a copy of this checklist to:

BC Life & Health Insurance Company
Attn: Finance Department
2000 Corporate Center Dr.
Newbury Park, CA 91320

IF YOUR INQUIRY CONCERNS:

- Claim for death benefits:**
Complete the Small Group Beneficiary Claim Form and Policyholder's Statement (Form #0003366)
- Claim for accidental death or disability:**
Complete the Affidavit of Claimant – Eye Loss or Dismemberment (Form #WL 2006)
Have your employer complete the Certificate of Employer or Superior Officer (Form #WL 2008)
Have your doctor complete the Statement of Attending Physician – Eye Loss (Form #WL 2009)
Have your doctor complete the Statement of Attending Physician – Dismemberment (Form #WL 2007)
- Claim for total disability:**
Complete the Total Disability Claim Form for Group Life Insurance – Waiver of Premium (Form #WL 2004)

Mail the appropriate form(s) with a copy of this checklist to:

BC Life & Health Insurance Company
Life Claims Unit
1350 Main St.
Springfield, MA 01103-1650

If you have any questions, please contact your BC Life & Health Insurance Company authorized agent or Membership Services at (800) 333-0912.

DISTRIBUTION: ORIGINAL – Return with appropriate forms to BC Life & Health Insurance Company COPY – Retain for your records