

Return Completed Form To:

Plateau Group West
 Attn: Claims Department
 8001 Conser Street, Suite 240
 Overland Park, KS 66204
 1-800-752-8328 Ext (3085) or fax 1-931-459-3107

**Debt Protection
Request for Death Benefits****Important Notes to Claimant**

1. Please print throughout the form, and ensure that all fields are completed. An incomplete claim form will cause delay in assessment.
2. Attach an original certified death certificate to this claim form.
3. Mail the completed form to the address shown above.

I – Statement of Claimant

Deceased's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age on Effective Date of Protection: _____

Provide names and addresses of all physicians who attended or prescribed for deceased within the 12 months preceding death.

Name	Date of Treatment	Reason for Treatment
Family Physician		
Medical Provider		
Medical Provider		
Medical Provider		

In my capacity of authorized representative or next-of-kin of the deceased named above, I authorize any medical professional, hospital or other medical institution to provide The Plateau Group, Inc. (PGI), the Program Administrator, or agent or attorney acting on its behalf, information concerning advice, diagnosis, care or treatment provided to the deceased, including information related to mental illness, use of drugs, alcohol, acquired immunodeficiency (AIDS) or an AIDS related complex (ARC). I understand that PGI may make this information available to the Lender for audit purposes. I authorize the release of any and all financial or employment related information. This authorization will expire in 180 days from the date signed. I may revoke this authorization by notifying PGI in writing of my desire to revoke it. If this authorization is revoked, PGI and/or the lender retain all of their contractual rights.

Signature of Authorized Representative or Next-of-Kin: _____ Date: _____

Provide the requested information below for the person completing this form:

Name: _____ Telephone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship to Deceased _____ **If authorized representative of estate, please submit proof.****II – Statement of Lender**

Lender's Name: _____ Reporting #: _____ Telephone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Protected Borrower's Name: _____

Loan Number	Effective Date	Term of Loan	Loan Balance as of Date of Death
			\$
			\$

Authorized Representative of Lender - Name: _____ Title: _____

Signature: _____ Date: _____

Administered By
 The Plateau Group, Inc.
 8001 Conser Street, Suite 240, Overland Park, Kansas 66204
 1-800-752-8328