

Beneficiary Certificate

Congratulations _____ (Beneficiary Name) for being designated a
(Primary / Contingent) beneficiary on _____ (Insured Name)
Family Heritage _____ policy!

It is important to note the following:

- Named beneficiaries are subject to change.
- To file a claim:
 - Obtain a copy of the diagnosis or death certificate
 - Contact Family Heritage Life Claims Department to obtain the appropriate claims forms:
 - Phone: 1-440-922-5151
 - Fax: 1-442-922-5152
 - Mailing Address:
Family Heritage Life Claims Department
6001 E. Royalton Rd STE 200
Cleveland OH, 44147
- Review the details of the Family Heritage Cancer/Accident/Heart/Hospital/Life policy you are designated as a beneficiary on for three very important reasons:
 - 1) So you fully understand your benefits as a beneficiary
 - 2) To become familiar with the claims process
 - 3) As a possible option for your personal family

X _____
Signature of Policyholder

Date

X _____
Signature of Witness

Date

(Person cannot be a designated beneficiary, FHL representative is permitted to be witness)