

## eSignature Policy Management Claim Processing

This procedure outlines steps necessary to receive a death benefit payment and complete an electronic claim form, with electronic signatures.

From [b2b.globalatlantic.com](https://b2b.globalatlantic.com)



### Login

Member ID \*

Password \*

Enter your Member ID and Password  
and click [Login](#)

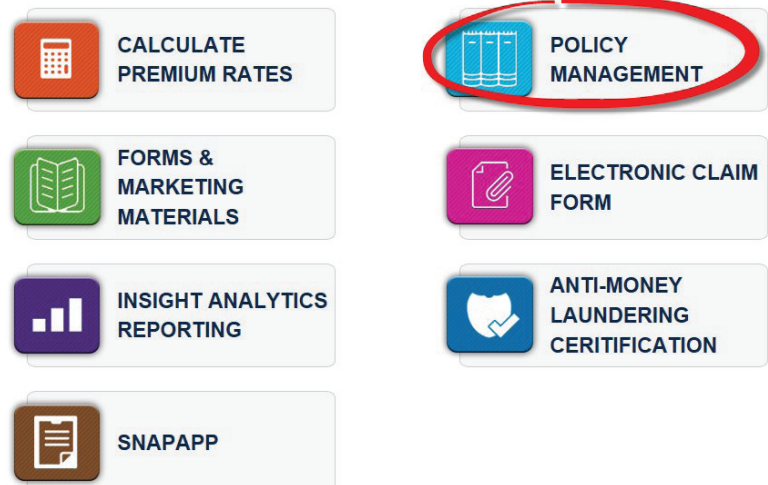


### Here For the First Time ?

If you have not yet registered and would like to,  
click below to begin the process.

[Register](#)

Click on [Policy Management](#)



Click on [Get Quote](#) or [Submit Claim](#) tab

Enter the Insured's:

- Policy Number
- Date of Death
- Cause of Death

Click [Submit](#)

**Policy Management**

Search for a Policy | **Get Quote or Submit Claim** | View Policy Information

✓ Policy Number: 007478822  
✓ Date of Death: April 06 2017  
✓ Cause of Death: Natural

**Submit** for Death Benefit Quotes and Claim Submissions

[Tips on using Policy Management](#)

All policies associated with the Insured's social security number will be returned under [Search Results](#)

- Confirm the Insured's name is correct
- The death benefit will be displayed under *Amount*

Select the policy you are claiming by clicking [the button](#) to the left of the policy number

*Please note only 1 policy can be claimed at a time*

### Search Results

Select Policies to Submit Claim

JILL DOE  
123 ABC  
SUN VALLEY, CA 91352

Policy	Amount	Comment
007478822	\$3,552.42	
Available	\$3,552.42	Total Death Benefit Available

**Submit Claim** Display Claim Form  
for selected policies only

Stop Billing All  
for all policies

Click [Submit Claim](#)

- Confirm Insured's Date of Birth is correct

Select the **Funeral Home Providing Services** in the drop-down box

Enter the **Total Cost of Funeral Provided**

Click [Next](#)

### Submit Claim Enter Information

JILL DOE  
123 ABC  
SUN VALLEY, CA 91352

Date of Death: 04/06/2017  
Date of Birth: 4/4/1944  
Cause of Death: Natural

Policy	Amount	Comment
007478822	\$3,552.42	
Available	\$3,552.42	Total Death Benefit Available

✓ Funeral Home Providing Services: FORETHOUGHT-Us Hwy 46-Batesville  
✓ Total Cost of Funeral Provided: 4000.00

Cancel

<< Back

**Next >>**

A pop-up window will display the **Funeral Director Authorization**

If you understand and agree to the terms, click [OK](#)

b2b-qa-new.globalatlantic.com says:

Funeral Director Authorization:

I certify that the information provided is true to the best of my knowledge and that the funeral goods and services were furnished. The amount of the benefits claimed is in accordance with the terms of the funeral planning agreement, if applicable.

I further certify that I have obtained a completed claim form signed by a non-funeral home representative signee, where the signee is a witness certifying the funeral goods and services were provided.

I have read these terms and I AGREE to the statement above on April,6,2018

**OK** Cancel

### Verify Insured's information:

- Name
- Date of Birth
- Date of Death
- Cause of Death
- Amount Claimed
- Servicing Funeral Home

If changes are needed, click [Cancel](#) or [Back](#)

**OR**

If all information is correct and you wish to proceed in claiming, click [Next](#)

### Submit Claim

### Verify Information

JILL DOE  
123 ABC  
SUN VALLEY, CA 91352

Date of Death: 04/06/2017  
Date of Birth: 4/4/1944  
Cause of Death: Natural

Policy	Amount	Comment
007478822	\$3,552.42	
Available	\$3,552.42	Total Death Benefit Available
Claimed	\$4,000.00	FORETHOUGHT,Us Hwy 46,Batesville

#### Funeral Director Authorization

I certify that the information provided is true to the best of my knowledge and that the funeral goods and services were furnished. The amount of the benefits claimed is in accordance with the terms of the funeral planning agreement, if applicable. I further certify that I have obtained a completed claim form signed by a non-funeral home representative signee, where the signee is a witness certifying the funeral goods and services were provided.

I have read these terms and I AGREE to the statement above on April 6, 2018.

[Cancel](#)

[<< Back](#)

[Next >>](#)

Confirm claim was processed successfully under **Status**

If processed successfully, click [Display Claim Form](#) to complete the electronic claim form

### Submit Claim

### Confirmation

#### Claim Results

Policy	Status
007478822	Claim was processed successfully. ★

Payment of the death claim is conditional upon receipt of a completed claim form for the above-referenced policy. If it is not submitted within 15 days, the payment may be charged against future claims and/or commissions and your access to process claims online may be revoked.

#### What to do Now

Fax the Completed Claim Form 1-888-425-2463  
Keep One Copy of Your Records, and give One copy to the beneficiary(ies)  
Or mail the completed claim Form to:

Forthought Life Insurance Company,  
One ForeThought Center  
Batesville, IN 47006

Keep one copy for your records, and give one copy to the beneficiary(ies).

#### Questions?

Contact Customer Service (800) 331-8853

Choose Get New Quote to submit another claim.

[Get New Quote](#)

[Display Claim Form](#)

### Review the *Online eClaim Notice*

If you understand and agree, click [I Agree](#)

### Online eClaim

NOTICE: You are leaving a Global Atlantic Financial Group Limited (Global Atlantic) website and will be directed to a website operated by Insurance Technologies, LLC (IT). That site may have a different privacy policy and security and you will be subject to the privacy policy of that site. Global Atlantic is not responsible or liable, directly or indirectly, for IT website content which is not expressly provided for our products and services or for its privacy.

[I Agree](#)

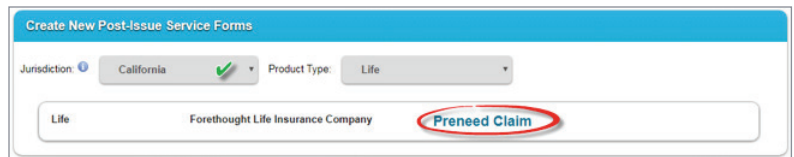
Click on [Post Issue Services](#) to complete the claim form

<b>Recent Activity</b>	<b>Start New</b>
No recent activity	<a href="#">Post Issue Services</a>
<a href="#">Create an Activity</a>	<b>Manage</b>
	<a href="#">All Activities</a>

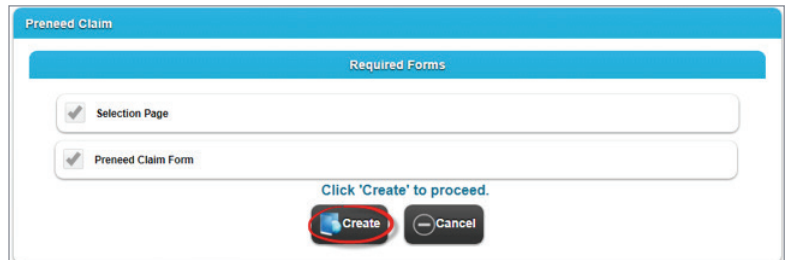
Select the Insured's residential state as the *Jurisdiction*

*Product Type* will default to Life

Click [Preneed Claim](#)

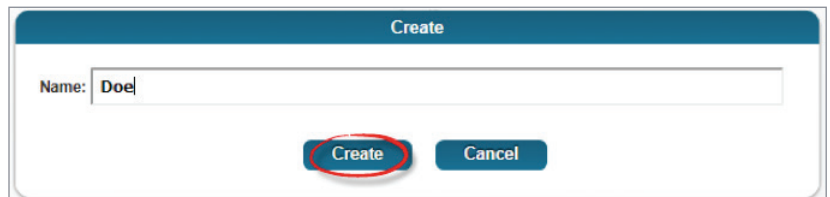


Review *Required Forms* page and click [Create](#)



Enter a unique identifier (e.g. policy number, last name, or first and last name)

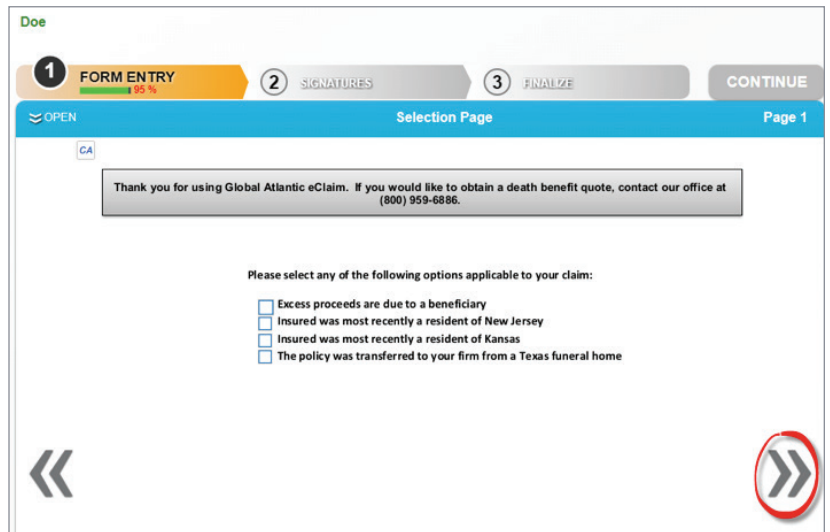
Click [Create](#)



On the *Selection Page*, select [any situations applicable to your claim or client](#)

Click the [arrows >>](#) on the right side of the page to proceed forward through the claim documents

*Please note you can move backward in the document by clicking the arrows << on the left side of the page*



Review State Specific Instructions and click the **arrows >>** to proceed to the next page

Please note if your state requires a death certificate, it will be uploaded from this page

**1 FORM ENTRY** 95% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

OPEN Preneed Claim Form Page 1

CA

**Global Atlantic**  
FINANCIAL GROUP

**Preneed Claim Form**  
Forethought Life Insurance Company

CLAIMANT:	SUBMIT:
Funeral Home claiming all proceeds	Preneed Claim Form (Additional state specific requirements, if required)
Funeral Home claiming partial proceeds, with excess proceeds being paid to a non-funeral home payee	Preneed Claim Form and the Beneficiary Claim Form (Additional state specific requirements, if required)
Funeral Home not claiming proceeds	Beneficiary Claim Form and supporting documents (Additional state specific requirements, if required)

**State Specific Instructions**

**Illinois:** For certificates of insurance irrevocably assigned to a trust to fund a guaranteed-price prepaid funeral or burial contract, upon the death of any insured who was receiving government assistance, the State of Illinois will receive any proceeds remaining payable under the certificate after payment of the designated amount for funeral goods and services up to an amount equal to the total medical assistance paid on behalf of the insured.

**Indiana:** Please include a copy of the certified death certificate or burial permit is required.

**Louisiana:** Please include the policy/certificate number with a certified copy of the death certificate. Payment of the death claim is conditioned upon submission of a certified copy of the death certificate.

**Kansas:** For all irrevocable life insurance policies/certificates, please include the Kansas Excess Benefits Claim Form Addendum when excess proceeds will be paid to a beneficiary.

**Kentucky:** Please include a copy of the certified death certificate or provisional report of death.

**Massachusetts:** Please include a copy of the certified death certificate.

Enter any **information** not already pre-populated

Please note fields highlighted in red are required

Click the **arrows >>** to proceed

**1 FORM ENTRY** 95% **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

OPEN Preneed Claim Form Page 2

**Global Atlantic**  
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**Preneed Claim Form**  
Forethought Life Insurance Company

To expedite processing of this claim, please ensure all sections of this form are completed.  
(If excess benefits are being claimed by a Beneficiary, the attached Excess Benefits Claim Form Addendum is required.)

**Section A: Policy/Certificate Holder Information**

Policy/Certificate Number: 007478822 Name of Insured: JILL DOE  
Date of Birth (mm/dd/yyyy): 04/04/1944 Date of Death (mm/dd/yyyy): 04/06/2017 Social Security Number: [REDACTED]  
Cause of Death\*: ☒ Natural ☐ Accidental ☐ Suicide

**Section B: Funeral Firm Information**

Amount of Benefits Claimed: \$4,000.00  
Funeral Firm Name: FORETHOUGHT  
Address: US Hwy 46 City/Town: Batesville State: IN Zip Code: 47006-7602  
Telephone Number: (000) 000-0000 Email Address: [REDACTED]  
Mail check for excess benefits or correspondence to: ☐ Agent (for delivery to Beneficiary) ☐ Beneficiary  
\*Email address will only be used for pending claim notifications; ACH notifications will be sent to the address on file.

**Section C: Payment Authorization**

**Authorization of Payment for Funeral Goods and Services**

I certify that the above information is true to the best of my knowledge and that the funeral goods and services were furnished. I further certify that the amount of benefits claimed is in accordance with the terms of the funeral planning agreement if applicable. I understand that Forethought Life Insurance Company reserves the right to request more information or a certified copy of the death certificate. I have read and understand the State Specific Instructions, if applicable, and I have read and understand the Fraud Warnings and State Notices given to me with this claim form.

Signature of Funeral Director: [REDACTED] Date (mm/dd/yyyy): [REDACTED]

I certify that the Funeral Firm provided funeral goods and services for the insured and understand that the Funeral Firm is entitled to the amount listed above.

Witness's Signature (non-funeral home representative signs): [REDACTED] Date (mm/dd/yyyy): [REDACTED]  
Relationship to Insured: [REDACTED] Witness's Telephone Number: [REDACTED]

**Michigan Only:** I hereby certify I am a representative of the insured's estate and authorize the release of the proceeds of the above-referenced policy to the funeral firm for payment of the goods and services provided. (Initials): [REDACTED]



Review any applicable Fraud Warnings and/or State Notices

Click the **arrows >>** to proceed

**1 FORM ENTRY** **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Preneed Claim Form  
Forethought Life Insurance Company

**Fraud Warnings & State Notices**

**California Residents – Reg. 789.8**  
The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

**Colorado Residents**  
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 damages. Any insurance company or agent of any 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 Department of Regulatory Agencies.

**District of Columbia Residents**  
**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Hawaii, North Dakota, Pennsylvania Residents**  
Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include

A pop-up window will appear when all required fields are complete

Click **Continue** to move forward in completing the claim form

**OR**

If the form requires additional information or revisions, click **enter more data**

**1 FORM ENTRY** **2 SIGNATURES** **3 FINALIZE** **CONTINUE**

Preneed Claim Form  
Page 2

Form Entry has met the requirements.  
You may **enter more data** OR **CONTINUE** to proceed to the next step.  
[Close]

Policy/Contract Number: 007478822  
Date of Birth (mm/dd/yyyy): 04/04/1944  
Date of Death (mm/dd/yyyy): 04/06/2017  
Social Security Number: 855-44-4333  
Cause of Death: ☒ Natural ☐ Accidental ☐ Suicide

**Section B: Funeral Firm Information**  
Amount of Benefits Claimed: \$4,000.00  
Funeral Firm Name: FORETHOUGHT  
Address: US Hwy 46  
City/Town: Batesville  
State: IN  
Zip Code: 47006-7602  
Telephone Number: (000) 000-0000  
Email Address: Forethought@gafg.com

If the client agrees to sign forms electronically, click **Use E-Signature**

Please note if the client prefers not to sign electronically, a hard copy of the form can be printed for original signatures by clicking **Decline E-Signature**. See the "Policy Management Claim Processing without eSignature (original signatures)" procedure for details

**1 FORM ENTRY** **2 SIGNATURES** **3 FINALIZE**

**Electronic Signatures**

This application will be locked upon making these choices. No changes can be made after signing.

If you choose to use E-Signature, all signatures in this application will be collected electronically. Please read the Federal Regulations and Definitions. Please make sure all parties are equipped with these system requirements:

- Internet Access
- Minimum Screen Resolution 1024 x 768
- Web browser: Internet Explorer 8+, Firefox (current version), Safari (current version), Google Chrome (current version), Chrome and Safari mobile browsers.
- 128MB of RAM, Cookies and Javascript Enabled.

If you choose to decline E-Signature, all signatures in this application will be collected manually. Your application will be completed in our system. You may print the application PDF file and deliver to your client via postal or other means. Please note that delivery of the information electronically will result in a superior customer experience.

**Federal Regulations and Definitions**

[ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)  
[UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)  
[Implementation of the Government Paperwork Elimination Act](#)

Select the first **Signer** under **List of Required Signers**

**1 FORM ENTRY** **2 SIGNATURES** **3 FINALIZE**

**Federal Regulations and Definitions**

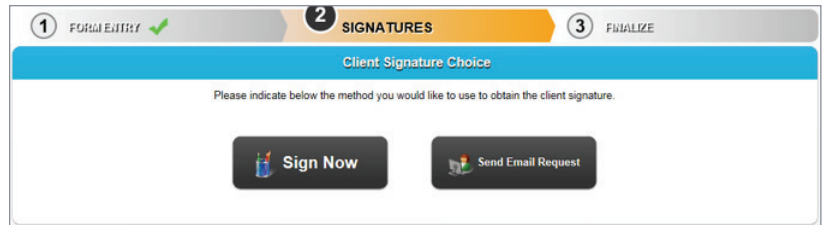
[ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)  
[UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)  
[Implementation of the Government Paperwork Elimination Act](#)

**List of Required Signers**

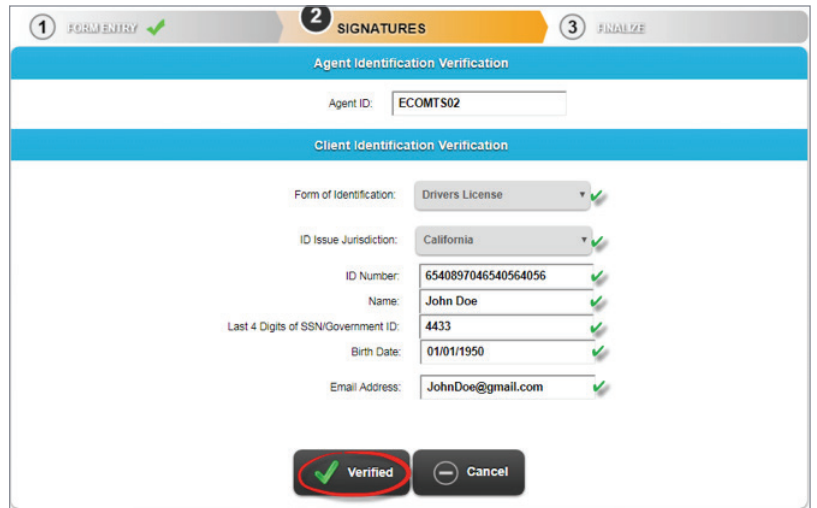
**Completed Signatures**

If the Signer is available, click [Sign Now](#)

Please note if the Signer is not available, click [Send Email Request](#). The Signer will be able to access the form for signature by clicking on a link sent via email. See "Send Email Request for eSignature" procedure for more details. Management Claim Processing without eSignature (original signatures)" procedure for details.

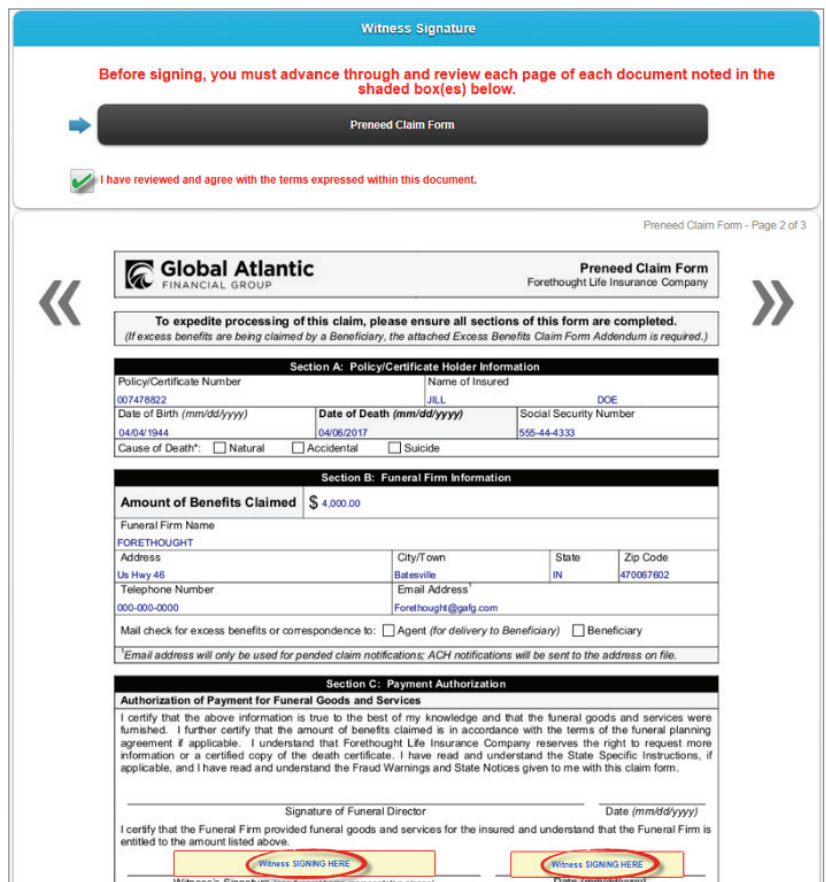


Enter *Client Identification Verification* information and click [Verified](#)



Review all information on the claim form, advancing through Fraud Warnings and State Notices

If the signers reviews and agrees to the terms expressed in the documents, click the [checkbox](#)



Click [Sign](#)

Enter *Signer's Full Name*, as it should appear in the signature

Enter the *City* in which he or she is signing

State and Today's Date will auto-populate

Click [I Consent](#)

This completes the *first* Signature

Click the next [signer](#) in the *List of Required Signers*



Review all information on the claim form, advancing through Fraud Warnings and State Notices

If the signers reviews and agrees to the terms expressed in the documents, click the [checkbox](#)

Funeral Home Representative Signature

Before signing, you must advance through and review each page of each document noted in the shaded box(es) below.

➔ Preneed Claim Form

☒ I have reviewed and agree with the terms expressed within this document.

Preneed Claim Form - Page 2 of 3

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**Preneed Claim Form**  
Forethought Life Insurance Company

To expedite processing of this claim, please ensure all sections of this form are completed.  
(If excess benefits are being claimed by a Beneficiary, the attached Excess Benefits Claim Form Addendum is required.)

**Section A: Policy/Certificate Holder Information**

Policy/Certificate Number 007478822	Name of Insured JLL	DOE
Date of Birth (mm/dd/yyyy) 04/04/1944	Date of Death (mm/dd/yyyy) 04/06/2017	Social Security Number 555-44-4333
Cause of Death*: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide		

**Section B: Funeral Firm Information**

Amount of Benefits Claimed \$ 4,000.00

Funeral Firm Name  
FORETHOUGHT

Address  
Us Hwy 46

City/Town  
Batesville

State  
IN

Zip Code  
470067802

Telephone Number  
000-000-0000

Email Address  
Forethought@gafg.com

Mail check for excess benefits or correspondence to: ☐ Agent (for delivery to Beneficiary) ☐ Beneficiary

\*Email address will only be used for preneed claim notifications; ACH notifications will be sent to the address on file.

**Section C: Payment Authorization**

Authorization of Payment for Funeral Goods and Services

I certify that the above information is true to the best of my knowledge and that the funeral goods and services were furnished. I further certify that the amount of benefits claimed is in accordance with the terms of the funeral planning agreement if applicable. I understand that Forethought Life Insurance Company reserves the right to request more information or a certified copy of the death certificate. I have read and understand the State Specific Instructions, if applicable, and I have read and understand the Fraud Warnings and State Notices given to me with this claim form.

Funeral Home Representative SIGNING HERE

Signature of Funeral Director

Date (mm/dd/yyyy)

I certify that the Funeral Firm provided funeral goods and services for the insured and understand that the Funeral Firm is entitled to the amount listed above.

John Doe

4/6/2018

Witness's Signature (non-funeral home representative signee)

Date (mm/dd/yyyy)

Click [Sign](#)

1 FORM ENTRY 2 SIGNATURES 3 FINALIZE

Funeral Home Representative Signature

Before signing, you must advance through and review each page of each document noted in the shaded box(es) below.

➔ Preneed Claim Form

☒

☒ Sign

Enter Signer's **Full Name**, as it should appear in the signature

Enter the **City** in which he or she is signing

State and Today's Date will auto-populate

Click [I Consent](#)

1 FORM ENTRY 2 SIGNATURES 3 FINALIZE

Agent On-Site Signature

Agent Full Name: Henry Director

City: Sun City

Today's Date: 4/6/2018

Agent ID: ECOMTS02

State: California

Sign on this pad to override the text script

Henry Director

☒ I Consent

If you have additional *Required Signers*, continue following this same process for all signers, until there are no other *Required Signers*

Once all required signatures are complete, a pop-up window will appear

Click [Continue](#)

1 FORMENTRY ✓ 2 SIGNATURES ✓ 3 FINALIZE **CONTINUE**

OPEN Selection Page Page 1

CA Thank you for completing this step. Please continue to the next step. Office at

Finished 2 of 3 Steps. Please Continue.

Please select any of the following options applicable to your claim:

- ☐ Excess proceeds are due to a beneficiary
- ☐ Insured was most recently a resident of New Jersey
- ☐ Insured was most recently a resident of Kansas
- ☐ The policy was transferred to your firm from a Texas funeral home

Click [Yes](#) in the *Confirmation Dialog* box if you are ready to submit your claim electronically

OR

Click [No](#) in the *Confirmation Dialog* box if you would like to edit your claim form

Confirmation Dialog

Application will be submitted.  
No further edits will be allowed.  
Are you sure?

**Yes** No

If selecting [Yes](#), verify your document has been transmitted *successfully*

Application has been transmitted **successfully**.

To print or view the application, history or documents, click on [Other Actions](#).

Thank you for your business!

[Close]

Your claim form has been submitted. Print or save a copy for your records by following these steps:

Click [Other Actions](#) from the menu in the top right-hand corner and click [Display/Print PDF](#)

Home Other Actions Log Off

Other Actions

Summary

**Display/Print PDF**

History

Documents

Requests

Show Annotations

Click [Print Selected Documents](#)

Select Documents to Print

**Print Selected Documents** Back to Application

<input checked="" type="checkbox"/>	Application	Selection Page	★	↓
<input checked="" type="checkbox"/>	Application	Prened Claim Form	★	↓
<input type="checkbox"/>	Optional Form	Revocable Assignment Form		
<input type="checkbox"/>	Optional Form	Beneficiary Claim Form		
<input type="checkbox"/>	Optional Form	Beneficiary Claim Form 2		

When the PDF document opens, follow your traditional printing or saving method

[globalatlantic.com](http://globalatlantic.com)

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