

AETNA AFFIDAVIT OF SOLE SURVIVORS

RE: Policy Number 100482-10-001

I, _____, state under penalty of perjury that the sole surviving next of kin of _____ SSN _____ as of _____ are as follows
 (Name of Informant) (Name of Deceased) (Social Security #) (Date of Death)

****PRINT OR TYPE INFORMATION BELOW: **IF NEXT OF KIN DIED AFTER THE INSURED, PLEASE LIST THEM BELOW****

Next of Kin	Print Name and Last Name	Date of Birth	Social Security Number	Street Address	City	State	Zip
Husband or Wife							
* All Children (Natural or Legally Adopted)							
Parents (Natural or Legally Adopted)	<i>Father:</i>						
	<i>Mother:</i>						
* All Brothers & Sisters (Natural or Legally Adopted, No Stepsiblings)							

If none of the above exist, provide the name, address and telephone number of the insured's estate representative below. Also, send us the estate paperwork.

Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone #: _____

 Name of Informant Street Address City State Zip Relation to Insured Phone #

 Signature of Informant

State of _____ City of _____ on this _____ day of _____ 20_____, personally appeared before the above named _____ and made oath that the answers by _____ above made and subscribed, are true and full to the best of _____ knowledge and belief.

Use reverse side for additional children or siblings and indicate their relationship

 Signature of Notary Public

SEAL