



**Lincoln Heritage**<sup>®</sup>  
LIFE INSURANCE COMPANY



**4343 E Camelback Rd Unit 400 Phoenix, AZ 85018, Estados Unidos**



**Lincoln Heritage**  
LIFE INSURANCE COMPANY



**BBB Rating: A+**  
as of 4/27/2016  
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## **Rated A+ by the Better Business Bureau (BBB)**

Better Business Bureau -The Better Business Bureau is the authority on trust in the marketplace. They set and uphold a high standard for ethical marketplace behavior so accreditation is a coveted honor. Because of this, the Better Business Bureau is the preeminent resource to turn to for objective, unbiased information on businesses and charities.

## **We are proud to be an Accredited Better Business Bureau Business that practices the eight Standards for Trust:**

**Build Trust** — Establish and maintain a positive track record in the marketplace.

**Advertise Honestly** — Adhere to established standards of advertising and selling.

**Tell the Truth** — Honestly represent products and services, including clear and adequate disclosures of all material terms.

**Be Transparent** — Openly identify the nature, location, and ownership of the business, and clearly disclose all policies, guarantees and procedures that bear on a customer's decision to buy.

**Honor Promises** — Abide by all written agreements and verbal representations.

**Be Responsive** — Address marketplace disputes quickly, professionally, and in good faith.

**Safeguard Privacy** — Protect any data collected against mishandling and fraud, collect personal information only as needed, and respect the preferences of consumers regarding the use of their information.

**Embody Integrity** — Approach all business dealings, marketplace transactions and commitments with integrity.

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# 2016 – Top 10 Final Expense Insurance Companies

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There comes a point in every person's life in which he needs to prepare for the inevitable, which is his demise. When that happens, whether it's because of old age or unexpected reasons, the cost of funeral arrangements can become a burden to those he has left behind. If you are the type of person who does not wish for this to happen, then a final expense insurance policy is something that you should be looking into. This form of insurance has many benefits especially for the relatives who will be making the arrangements after you have already left.

## *Qualifications For The Policy*

Any individual can purchase final expense insurance but commonly, those who are older and are nearer their demise acquire them. More often than not, these people also do not have a standard insurance policy to their name. The fees for this type of insurance are commonly much more expensive, especially if one were to get a no-exam type of policy.

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## 2016 – Top 10 Final Expense Insurance Companies

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### Top 10 Companies For Final Expense Insurance

1. **Lincoln Heritage** – a well known company that has an outstanding reputation for final expense insurance plans. *They are recommended by the Better Business Bureau.*
2. **Foresters** – with 130 years experience in the insurance business, Foresters is a company that can give excellent quotes for final expense policies.
3. **Guardian Insurance** – they offer a no medical exam policy and can give you coverage for up to \$50,000.
4. **Securus Final Expense** – this company offers a diverse policy when it comes to final expense insurance plans. They are also well-known and have been an industry favourite for a while now.
5. **American Income Life** – offers affordable final expense insurance plans, great for the average American with a steady income.
6. **AFBA** – their package takes care of everything for you when it comes to your final expenses. Check out their Silver Premier Final Expense policy.
7. **Columbian Financial Group** – besides the death benefits, CFG also offers cash value for your policy that you can borrow against.
8. **NGL Insurance Group** – offers a personalized service and as of recent, they boast of an almost 99% claims percentage with all their clients.
9. **Statefarm** – a very well-known company in the insurance industry, State farm offers final expense insurance coverage for people 50-80 years old to about \$250,000.
10. **Canada Protection Plan** – CPP offers a no medical exam plan for those who do not have time or resources for it but want a final expense insurance policy.



# Lincoln Heritage Life Insurance Company [\(?\)](#)

## Rated A-Excellent by A.M Best

A.M. Best #: 006694    NAIC #: 65927    FEIN #: 042314290

**Administrative Office**  
4343 East Camelback Road  
Phoenix, AZ 85018  
[United States](#)

[View Additional Address Information](#)



**Web:** [www.lhlic.com](http://www.lhlic.com)  
**Phone:** 602-957-1650  
**Fax:** 602-840-9765

Based on A.M. Best's analysis, [053070 - Londen Insurance Group](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings		Best's Credit Rating Analyst
<b>Financial Strength Rating</b>	<a href="#">View Definition</a>	
<b>Rating:</b>	A+(Excellent)	<b>Rating Issued by:</b> A.M. Best Company, Inc.
<b>Financial Size Category:</b>	VIII (\$100 Million to \$250 Million)	<b>Senior Financial Analyst:</b> Joan Sullivan, CPA
<b>Outlook:</b>	Stable	<b>Assistant Vice President:</b> William Pargean
<b>Action:</b>	Affirmed	
<b>Effective Date:</b>	October 11, 2015	
<b>Initial Rating Date:</b>	June 30, 1976	
<b>Long-Term Issuer Credit Rating</b>	<a href="#">View Definition</a>	
<b>Long-Term:</b>	a-	
<b>Outlook:</b>	Stable	
<b>Action:</b>	Affirmed	
<b>Effective Date:</b>	June 11, 2015	
<b>Initial Rating Date:</b>	March 15, 2007	

u Denotes [Under Review Best's Rating](#)

**1***Usted debe saber que...*

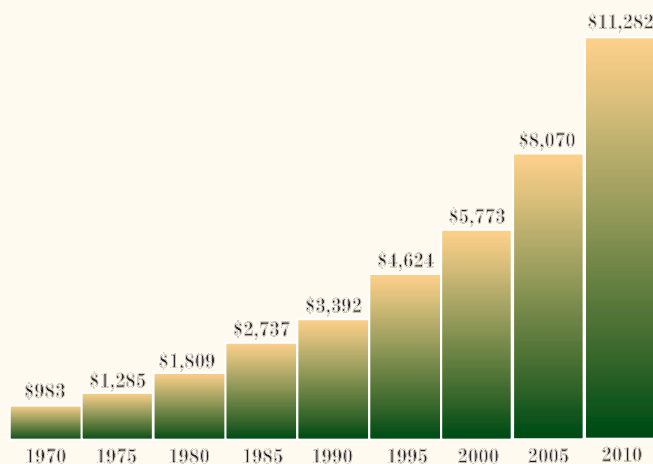
## La Ley de Funerales de 1984 fue establecida para protegerlo.

El propósito de Funeral Consumer Guardian Society es actuar en el mejor interés de las familias, informándoles acerca de sus derechos como consumidores de acuerdo a esta ley. La ley fue aprobada en 1984 con el fin de impedir que las funerarias indujeran a los consumidores a la compra de productos y servicios que no desean o necesitan, y pagar precios altos por los productos y servicios que desean.

- **Lista general de precios** — Las funerarias deben proveerle una lista de precios fechada antes de empezar la negociación de cualquier arreglo.
- **Información telefónica de precios** — Las funerarias deben proveerle precios precisos de acuerdo a su lista general de precios, su lista de precios de ataúdes o su lista de precios de recipientes externos.
- **Lista de precios de ataúdes** — Las funerarias deben mostrarle una lista, impresa y fechada, con los precios de los ataúdes que incluya los precios de contenedores alternos.
- **Lista de productos y servicios** — Una vez que los arreglos se hayan llevado a cabo, la funeraria debe proveerle una lista detallada de productos y servicios seleccionados, su costo individual, y el monto total.
- **Embalsamamiento** — Las funerarias deben informarle si las leyes de su estado exigen un embalsamamiento o no. Asimismo, la funeraria no debe llevar a cabo el embalsamamiento sin su consentimiento previo.
- **Ataúd** — Las funerarias no deben rechazar el uso de un ataúd adquirido a través de otro proveedor ni pueden hacerle cargos por su utilización.
- **Declaraciones sobre preservación y protección** — Las funerarias no pueden decirle que el embalsamamiento, los ataúdes sellados o las bóvedas selladas preservan los restos indefinidamente en la tumba. Tampoco pueden afirmar que dichas características impedirán que penetre el agua o la tierra si esto no es verdad.

**2***Usted debe saber que...*

## Los costos funerarios han aumentado más rápido que el índice de precio al consumidor.



Fuente: National Funeral Director's Association (Asociación Nacional de Directores Funerarios) cifras estimadas para el 2005 y 2010.

**3***Usted debe saber que...*

## Sin un plan funeral a su disposición es casi seguro que sus seres queridos terminen gastando cientos, o incluso miles, de dólares de más.

- Se encuentran afectados emocionalmente por la pérdida de un ser querido.
- Se ven obligados a actuar dentro de un plazo muy limitado.
- Deben tomar muchas decisiones de forma inmediata.
- No cuentan con experiencia acerca de lo que se necesita... y lo que no se necesita.
- Existen muchas funerarias, cementerios, y otros proveedores que intentarán obtener la mayor ganancia posible.

**4***Usted debe saber que...*

## Elegir la funeraria adecuada puede ser la diferencia entre pagar \$2,000 ó \$10,000 por el mismo funeral.

Algunos de los precios que hemos encontrado:	Bajo	Alto
Traslado de los restos a la funeraria	\$150	\$400
Servicio básico de personal/gastos generales	\$295	\$2,000
Embalsamamiento	\$300	\$695
Preparación de los restos	\$100	\$395
Ceremonia matutina en la funeraria	\$250	\$695
Velorio vespertino en la funeraria	\$325	\$1,000
Alquiler de carroza funeral (medio día)	\$275	\$500
Ataúd	\$450	\$16,000
Bóveda para el entierro	\$300	\$8,000

Fuente: Susan Fargo, *Chicago Tribune*

**5***Usted debe saber que...*

## El seguro de vida es una de las formas más eficaces y confiables de cubrir los gastos funerales.

- El beneficio es enviado directamente al beneficiario.
- En la mayoría de los casos no se aplican impuestos federales sobre los beneficios de seguro.
- Los beneficios no están obligados a ninguna funeraria en particular y pueden ser utilizados en cualquier parte del mundo.
- Los beneficios de seguro evitan la posibilidad de cualquier conflicto con un tribunal testamentario.

**6***Usted debe saber que...*

## En general, las funerarias locales pequeñas ofrecen los precios más bajos.

De acuerdo al informe reciente de una organización nacional de información a los consumidores, las funerarias locales pequeñas cobran entre \$1300 a \$2000 menos que una funeraria nacional grande e independiente. Los siguientes son algunos promedios cobrados por las cadenas locales pequeñas en todo el país:

\$1,110	Cremación inmediata con ataúd o contenedor sencillo.
\$1,384	Entierro inmediato con ataúd o contenedor sencillo.
\$3,099	Funeral estándar con ataúd o contenedor alternativo.
\$4,067	Funeral estándar con ataúd de acero calibre 20.
\$4,670	Funeral estándar con ataúd de madera solida (excluyendo caoba, nogal o cerezo).
\$4,845	Funeral estándar con ataúd de acero calibre 18.
\$6,125	Funeral estándar con ataúd de acero inoxidable.
\$6,997	Funeral estándar con ataúd de caoba, nogal o cerezo.
\$7,100	Funeral estándar con ataúd de bronce o cobre.

**7***Usted debe saber que...*

## El transporte de los restos para entierro en otro lugar dentro de los Estados Unidos puede aumentar los costos funerales hasta por \$2,000.

- Las personas que se jubilen en otro estado, pero deseen ser enterrados en su lugar natal, deben asegurarse que sus arreglos financieros cubran éste costo adicional.
- Asimismo, si una persona fallece en el extranjero mientras se encuentra de vacaciones o en un viaje de negocios, el traslado de sus restos para su entierro puede costar hasta \$12,000.

Fuente: Assist America, Inc. (AAI)

8

*Usted debe saber que...*

**Con frecuencia, los beneficios de seguro quedan sin ser reclamados simplemente porque el beneficiario no sabía que existía una póliza — o no pudo encontrarla.**

- Funeral Consumer Guardian Society puede asegurarse que sus seres queridos se enteren que usted cuenta con pólizas de seguro de vida.
- Tenga cuidado al utilizar una caja de seguridad para guardar sus documentos de importancia ya que puede resultar en procedimientos legales antes de poder disponer del contenido de dicha caja.

9

*Usted debe saber que...*

**Su cobertura le proporcionará a quienes deban encargarse de los arreglos funerales el dinero suficiente para enfrentar la situación.**

- El primer paso es añadir todos los costos razonables que usted calcule para su funeral algún día. Recuerde incluir los costos del cementerio, la lapida, las flores, el contenedor externo... y cualquier otro elemento que requiera su plan.
- El siguiente paso es restarle la cantidad que usted haya previamente pagado para los gastos de su funeral.
- El tercer y último paso es compensar la diferencia necesaria por medio de un solido plan de cobertura.



**Usted se verá recompensado por haberse tomado el trabajo de leer este pequeño folleto publicado por Funeral Consumer Guardian Society.**

Si usted desea tomar el control sobre la forma en que se llevará a cabo su funeral, se dará cuenta que el tener esta información le representará un ahorro de cientos o incluso miles de dólares en sus gastos funerales.

La misión de Funeral Consumer Guardian Society consiste en ayudar a sus miembros a asegurarse que en el futuro, cuando sus seres queridos deban encargarse de sus arreglos fúnebres, todo sea fácil y manejable.

**Archivo de planes fúnebres sin costo:** Su plan será archivado de forma segura en los archivos computarizados de FCGS, a los que solamente tendrán acceso usted y las personas que usted elija. Usted podrá hacer cambios cuando así lo desee.

**Tarjetas de membresía para sus seres queridos:** Usted recibirá cuatro tarjetas de acceso con el número telefónico de FCGS. Usted podrá entregárselas a aquellas personas que algún día tomarán cargo de sus arreglos funerales.

**Activación gratuita del plan:** Una vez que seamos notificados acerca de su fallecimiento, FCGS se pondrá en contacto inmediato con la funeraria que usted haya elegido y le informará al director funerario acerca de los arreglos que usted ha dispuesto. La compañía hará hincapié en mantenerse dentro del presupuesto que usted había predeterminado.



# ELEMENTOS BÁSICOS PARA LA PLANIFICACIÓN FÚNEBRE

(9 cosas que usted debe saber)



PO Box 91, New Albany, Indiana 47151  
866/571-2772 [www.funeralconsumer.org](http://www.funeralconsumer.org)

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SPFCFACT12



**Funeral Consumer Guardian Society**



You'll receive your Funeral Advantage materials by mail

**Lincoln Heritage**  
**Funeral Advantage**



Cash Insurance Benefit

Family Support Services



**Your Welcome Package Will Contain:**

- Your valuable insurance policy documents
- Your Funeral Advantage program benefits

**Your FCGS Membership Will Include:**

- Your primary FCGS membership card
- Copies of your membership card for your family and friends
- Forms to record your funeral wishes
- A postage-free envelope to return your forms



*Funeral Advantage makes things go smooth and easy for the loved one who will be in charge of carrying out your funeral some day.*



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## Cash Insurance Benefit

Lincoln Heritage Life Insurance Company is one of the nation's leaders in helping people cover their funeral costs and other final expenses.



- Benefits paid within 24 hours.\*
- Whole life benefit up to \$35,000.
- NO health examination to apply — just a few health questions.
- Easy, one-page application.
- Most people qualify for coverage, even with health issues.
- Rate and Benefit are locked in for the life of the policy.\*\*
- \$100,000 additional benefit for accidental death available.

\*Once documents are received and approved.  
\*\*As long as premiums are paid.

## AD&D Cash Benefit Enhancement

Offered as a rider on your Funeral Advantage™ plan, you may add either benefit enhancement package (Basic or Deluxe) without a medical exam or other evidence of insurability.

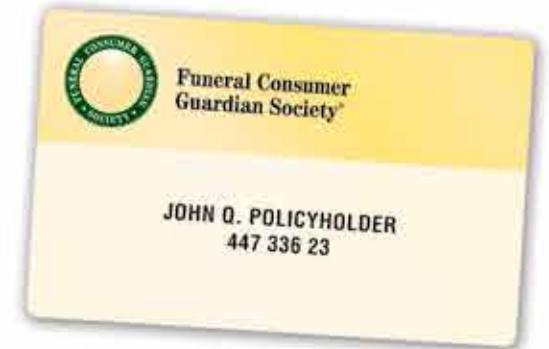
Pays Extra for:	Basic Plan	Deluxe Plan
Accidental death	\$5,000	\$25,000
Single dismemberment	\$2,500	\$12,500
Death due to auto accident	\$10,000	\$50,000
Death due to common carrier accident	\$20,000	\$100,000
Transport of mortal remains	up to \$1,000	up to \$5,000

See policy form for complete benefit details, exclusions and limitations. Common Carrier covers you as a fare-paying passenger on any licensed public transportation anywhere in the world, including airplane, train, bus, taxi, subway or ship. Transport of mortal remains if you die more than 200 miles from home.

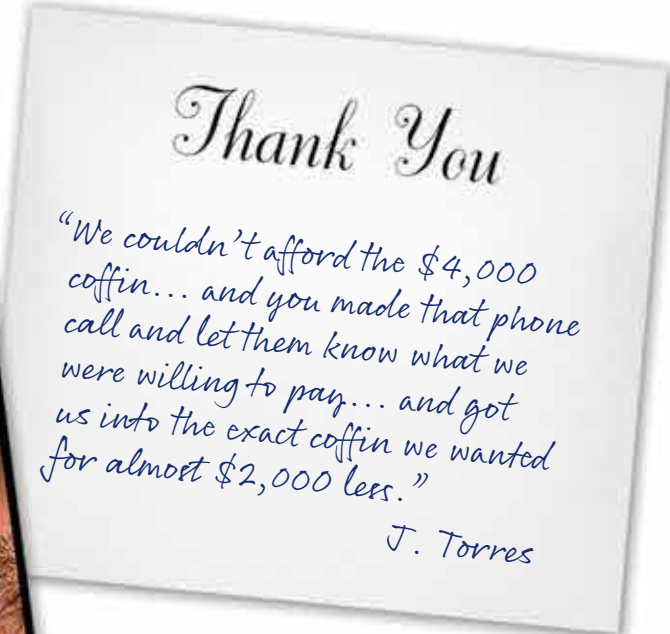
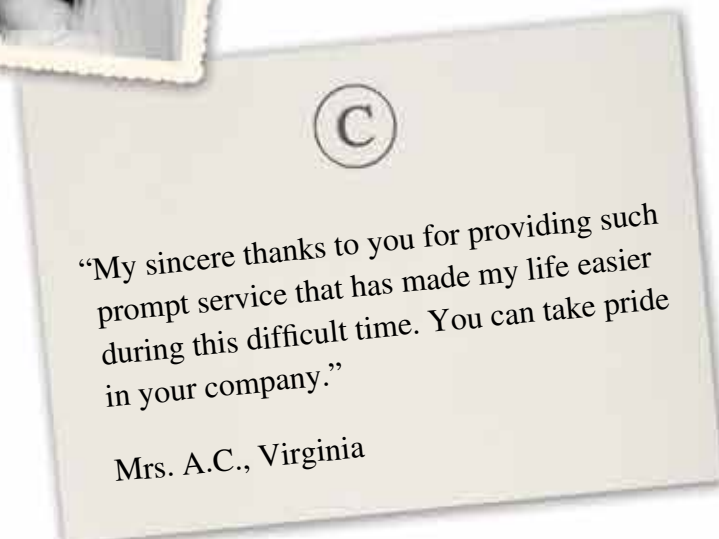
## Family Support Services

The Funeral Consumer Guardian Society is an independent organization dedicated to helping funeral purchasers get a fair deal.

- You decide the style of funeral you want... a 2-page final wishes form makes it fast and simple.
- FCGS keeps your wishes safe and secure on file.
- Your loved ones get a 24-hour toll-free service number to call in time of need.
- FCGS immediately goes into action — comparing up to 3 different funeral homes to find the best price available.
- Families save an average of \$1,800 on traditional funerals and up to \$600 on cremation.



You get Free Membership in the Funeral Consumer Guardian Society with your final expense plan from Lincoln Heritage.





	Good Quality	Better Quality	Best Quality
Alabama	\$1,750	\$3,500	\$7,250
Alaska	\$2,000	\$3,750	\$7,750
Arizona	\$1,500	\$3,250	\$6,750
Arkansas	\$1,500	\$3,250	\$6,750
California	\$1,500	\$3,250	\$6,750
Colorado	\$1,500	\$3,250	\$6,750
Connecticut	\$2,000	\$3,750	\$7,750
Delaware	\$1,750	\$3,500	\$7,250
District of Columbia	\$1,750	\$3,500	\$7,250
Florida	\$1,750	\$3,500	\$7,250
Georgia	\$1,750	\$3,500	\$7,250
Hawaii	\$2,000	\$3,750	\$7,750
Idaho	\$1,500	\$3,250	\$6,750
Illinois	\$2,000	\$3,750	\$7,750
Indiana	\$2,000	\$3,750	\$7,750
Iowa	\$1,500	\$3,250	\$6,750
Kansas	\$1,500	\$3,250	\$6,750
Kentucky	\$1,750	\$3,500	\$7,250
Louisiana	\$1,750	\$3,500	\$7,250
Maine	\$2,000	\$3,750	\$7,750
Maryland	\$1,750	\$3,500	\$7,250
Massachusetts	\$2,000	\$3,750	\$7,750
Michigan	\$2,000	\$3,750	\$7,750
Minnesota	\$2,000	\$3,750	\$7,750
Mississippi	\$1,750	\$3,500	\$7,250
Missouri	\$1,750	\$3,500	\$7,250
Montana	\$1,500	\$3,250	\$6,750
Nebraska	\$1,500	\$3,250	\$6,750
Nevada	\$1,500	\$3,250	\$6,750
New Hampshire	\$2,000	\$3,750	\$7,750
New Jersey	\$2,000	\$3,750	\$7,750
New Mexico	\$1,500	\$3,250	\$6,750
North Carolina	\$1,750	\$3,500	\$7,250
North Dakota	\$1,500	\$3,250	\$6,750
Ohio	\$2,000	\$3,750	\$7,750
Oklahoma	\$1,500	\$3,250	\$6,750
Oregon	\$1,500	\$3,250	\$6,750
Pennsylvania	\$2,000	\$3,750	\$7,750
Rhode Island	\$2,000	\$3,750	\$7,750
South Carolina	\$1,750	\$3,500	\$7,250
South Dakota	\$1,500	\$3,250	\$6,750
Tennessee	\$1,750	\$3,500	\$7,250
Texas	\$1,500	\$3,250	\$6,750
Utah	\$1,500	\$3,250	\$6,750
Vermont	\$2,000	\$3,750	\$7,750
Virginia	\$1,750	\$3,500	\$7,250
West Virginia	\$1,750	\$3,500	\$7,250
Wisconsin	\$2,000	\$3,750	\$7,750
Wyoming	\$1,500	\$3,250	\$6,750

**Good:**

- Direct cremation, including removal and shelter of remains
- Transportation to crematory
- Necessary authorizations
- Alternative container to hold the remains for cremation

**Better:**

- Direct cremation
- Memorial visitation and funeral service without the body present

**Best:**

- Traditional funeral with cremation as the final disposition of the body
- Memorial visitation and funeral service with the body present

# Funeral Cost Estimate

For Your Area — Burial or Cremation



# Funeral Cost Estimates

## Traditional Burial

	Good Quality	Better Quality	Best Quality
Alabama	\$6,750	\$8,500	\$11,000
Alaska	\$7,250	\$9,000	\$11,500
Arizona	\$6,250	\$8,000	\$10,500
Arkansas	\$6,250	\$8,000	\$10,500
California	\$6,250	\$8,000	\$10,500
Colorado	\$6,250	\$8,000	\$10,500
Connecticut	\$7,250	\$9,000	\$11,500
Delaware	\$6,750	\$8,500	\$11,000
District of Columbia	\$6,750	\$8,500	\$11,000
Florida	\$6,750	\$8,500	\$11,000
Georgia	\$6,750	\$8,500	\$11,000
Hawaii	\$7,250	\$9,000	\$11,500
Idaho	\$6,250	\$8,000	\$10,500
Illinois	\$7,250	\$9,000	\$11,500
Indiana	\$7,250	\$9,000	\$11,500
Iowa	\$6,250	\$8,000	\$10,500
Kansas	\$6,250	\$8,000	\$10,500
Kentucky	\$6,750	\$8,500	\$11,000
Louisiana	\$6,750	\$8,500	\$11,000
Maine	\$7,250	\$9,000	\$11,500
Maryland	\$6,750	\$8,500	\$11,000
Massachusetts	\$7,250	\$9,000	\$11,500
Michigan	\$7,250	\$9,000	\$11,500
Minnesota	\$7,250	\$9,000	\$11,500
Mississippi	\$6,750	\$8,500	\$11,000
Missouri	\$6,750	\$8,500	\$11,000
Montana	\$6,250	\$8,000	\$10,500
Nebraska	\$6,250	\$8,000	\$10,500
Nevada	\$6,250	\$8,000	\$10,500
New Hampshire	\$7,250	\$9,000	\$11,500
New Jersey	\$7,250	\$9,000	\$11,500
New Mexico	\$6,250	\$8,000	\$10,500
North Carolina	\$6,750	\$8,500	\$11,000
North Dakota	\$6,250	\$8,000	\$10,500
Ohio	\$7,250	\$9,000	\$11,500
Oklahoma	\$6,250	\$8,000	\$10,500
Oregon	\$6,250	\$8,000	\$10,500
Pennsylvania	\$7,250	\$9,000	\$11,500
Rhode Island	\$7,250	\$9,000	\$11,500
South Carolina	\$6,750	\$8,500	\$11,000
South Dakota	\$6,250	\$8,000	\$10,500
Tennessee	\$6,750	\$8,500	\$11,000
Texas	\$6,250	\$8,000	\$10,500
Utah	\$6,250	\$8,000	\$10,500
Vermont	\$7,250	\$9,000	\$11,500
Virginia	\$6,750	\$8,500	\$11,000
West Virginia	\$6,750	\$8,500	\$11,000
Wisconsin	\$7,250	\$9,000	\$11,500
Wyoming	\$6,250	\$8,000	\$10,500

- Funeral Costs and Other Final Expenses Include:*
- Funeral Home Services
  - Casket
  - Transportation — hearse
  - Clothing and Flowers
  - Outer Burial Container
  - Cemetery Property — plot
  - Grave Opening and Closing
  - Monument or Marker
  - Newspaper Notices
  - Unpaid Medical Expenses
  - Outstanding Debts
  - Probate Costs
  - Legal Fees

**Good:**

- Casket: 20-gauge steel, or pine
- Grave liner: concrete box with drain holes (no sealing abilities)
- Transportation: casket coach, clergy coach, and flower car
- Flowers: casket spray and lid piece

**Better:**

- Casket: 18-gauge steel, or oak
- Burial vault: concrete top seal with plastic liner or steel air seal
- Transportation: casket coach, clergy coach, and flower car
- Flowers: casket spray and lid piece

**Best:**

- Casket: 16-gauge steel, stainless steel or copper, or cherry, oak, maple or walnut
- Burial vault: concrete top seal with stainless steel liner or galvanized steel air seal
- Transportation: casket coach, clergy coach, limousine and flower car
- Flowers: casket spray, family piece and lid piece

**Funeral Home Charges Include:**

- Basic services of funeral director and staff.
- Use of facilities and staff for visitation at funeral home, and for funeral ceremony at funeral home or church.
- Transfer of remains to funeral home.
- Embalming and sanitation of deceased; dressing, cosmeticizing and casketing the deceased.
- Printing package including register book, memorial cards or prayer cards, and acknowledgment cards.
- Death certificate; obituary notices.
- Church or clergy stipend.
- Vault, tent and cemetery equipment set-up charge.



Personal Information

Full Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Sex: [ ] Male [ ] Female

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Marriage \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Type of Business \_\_\_\_\_ Years of Education \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Next of Kin

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please inform my loved ones of my funeral wishes as follows:

Type: [ ] Traditional Service [ ] Graveside Service [ ] Cremation Service
Place of Service: [ ] Church [ ] Funeral Home [ ] Cemetery Religious Affiliation: \_\_\_\_\_
Prayer Service: [ ] Yes [ ] No Location: \_\_\_\_\_
Visitation/Wake: [ ] Public [ ] Private [ ] None

Traditional Burial Requests

Cemetery Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Own Cemetery Property: [ ] Yes [ ] No
Arrangement Preferred: [ ] Companion [ ] Single Burial Site: [ ] Mausoleum [ ] Lawn Crypt [ ] Ground Burial

Cremation Requests

[ ] Return to Family [ ] Burial [ ] Niche [ ] Scattering Sea [ ] Scattering Air [ ] Other \_\_\_\_\_

Please help my loved ones find the best funeral home for my services

The following are my three top choices:
Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ City & State \_\_\_\_\_
Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ City & State \_\_\_\_\_
Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ City & State \_\_\_\_\_



Full Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

## Insurance Information

### Final Expense Insurance

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

### Life Insurance

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_

## Military Record

War \_\_\_\_\_ Serial # \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Date & Place of Induction \_\_\_\_\_ Date & Place of Discharge \_\_\_\_\_

Medals \_\_\_\_\_ Special Service \_\_\_\_\_

Location of Discharge Papers (DD214) \_\_\_\_\_

Flag:  Draped  Folded Presented to \_\_\_\_\_

## Special Instructions

Flower Choice \_\_\_\_\_

Music: Organist \_\_\_\_\_ Soloist \_\_\_\_\_

Music Choice:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## Personal Effects

Jewelry & Accessories:  Wedding Band  Stays On Return to \_\_\_\_\_

Eyeglasses  Stays On Return to \_\_\_\_\_

Other \_\_\_\_\_  Stays On Return to \_\_\_\_\_

Clothing Preference:  Current Wardrobe  New  Other \_\_\_\_\_

Description/Color \_\_\_\_\_

## Newspaper for Obituary Notice

List the newspaper(s) you want your obituary to appear in:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Pet Wishes

Pet's Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Person who will care for my pet: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Special Information: Food Brand \_\_\_\_\_ Treats \_\_\_\_\_

Diet Restrictions \_\_\_\_\_ Daily Routines \_\_\_\_\_ Toys \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Funds from my estate to go to the new caregiver for my pet's care: \$ \_\_\_\_\_

If you have more than one pet to be taken care of — use separate sheet to attach their information.



**LINCOLN HERITAGE LIFE INSURANCE COMPANY**  
**POLICY SCHEDULE TABLE OF DEATH BENEFITS AND POLICY VALUES**

End of Year	Death Benefit	Cash Value	Reduced Paid Up Insurance	Extended Term Insurance	Years	Days
1	15000	.00	0	0	0	0
2	15000	107.31	309	1	206	
3	15000	490.59	1363	5	276	
4	15000	885.90	2375	8	236	
5	15000	1293.45	3349	10	293	
6	15000	1713.25	4285	12	175	
7	15000	2145.57	5187	13	293	
8	15000	2590.70	6057	14	311	
9	15000	3048.97	6897	15	247	
10	15000	3520.74	7709	16	120	
11	15000	4006.50	8497	16	307	
12	15000	4507.05	9263	17	93	
13	15000	5023.17	10010	17	220	
14	15000	5556.13	10742	17	335	
15	15000	6107.25	11461	18	89	
16	15000	6678.28	12170	18	229	
17	15000	7270.95	12875	19	46	
18	15000	7887.45	13578	19	331	
19	15000	8530.30	14285	21	129	
20	15000	9202.68	15000	PAID UP		

<b>Policy Number</b>	57-0003675742	<b>Owner</b>	Dionicia Herrada
<b>Ultimate Face Amount</b>	\$15,000	<b>Insured</b>	Dionicia Herrada
<b>Date of Issue</b>	12/01/2018	<b>Age</b>	57
<b>Date of Maturity</b>	12/01/2082	<b>Sex</b>	Female
<b>Premiums Payable To</b>	11/30/2038	<b>Plan Type</b>	20 YEAR PAY NONTOBACCO

Premiums	Annual	Semi-Annual	Quarterly	Monthly Direct	Monthly Bank Draft
Life Policy	785.29	408.36	208.11	66.75	66.75
Policy Fee	36.00	18.00	9.00	5.00	3.00
<b>Life Premium</b>	<b>821.29</b>	<b>426.36</b>	<b>217.11</b>	<b>71.75</b>	<b>69.75</b>
AD&D 5 Unit(s)	88.24	45.88	23.38	7.50	7.50
<b>Total Premium</b>	<b>909.53</b>	<b>472.24</b>	<b>240.49</b>	<b>79.25</b>	<b>77.25</b>

Cash Values are based on 2017 Loaded CSO Composite Ultimate Table, ALB, Sex Distinct at 4.5%





**Lincoln Heritage**  
LIFE INSURANCE COMPANY

June 10, 2016

Jaillen A Rios Rivera  
~~3201 W. ...~~  
Orlando FL 32822-2730

RE: Policy #57-3000387, Israel Mojica Camacho

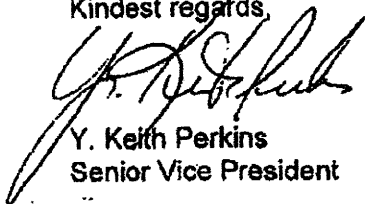
Dear Mrs. Rios Rivera:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the claim papers, and our check for \$11,751.48 has been sent to you. Included with the proceeds is an additional \$5,001.48 which represents the accidental death benefit and interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,



Y. Keith Perkins  
Senior Vice President

YKP/ir

Enclosure

*Our Business is You*

4343 East Camelback Road, Suite 400  
Phoenix, AZ 85018-2705  
www.lhlc.com  
Policyholder Service: (800) 438-7180  
Fax: (602) 808-0521  
Marketing Support: (800) 750-8404  
Fax: (602) 840-9726



SOLICITUD DE SEGURO DE VIDA INDIVIDUAL ESCRIBA CLARAMENTE CON LETRA DE MOLDE

Oficinas Ejecutivas: 4343 East Camelback Road, Suite 400 Phoenix, AZ 85018-2705

INFORMACION DEL PROPIETARIO
Nombre
Correo electrónico
Dirección
Teléfono
Ciudad
Estado
Código postal

INFORMACION DEL SOLICITANTE: todos los solicitantes deben residir de forma permanente en los Estados Unidos
Nombre
Relación con el Propietario
Dirección
Ciudad
Estado
Código postal
Teléfono
NSS
Edad
Fecha de nacimiento
Sexo

Destinatario secundario (nombre y dirección)
Beneficiario primario
Relación
Dirección
Teléfono
Cantidad de la Cobertura
Beneficiario contingente
Relación
Prima mensual

OPCIONES DE ADITAMENTOS
Aditamento para Hijos
Aditamento de AD&D
Unidades por hijo
Unidades
Prima del aditamento
PLAN
METODO DE PAGO
FECHA DE PAGO
Gastos finales
Pago de 20 años
Beneficio por fallecimiento Modificado
Giro mensual
Anual
Trimestral
Semestral
Directo mensual
PRIMA MENSUAL TOTAL

PREGUNTA SOBRE TABACO
En los últimos doce (12) meses, ¿el solicitante ha consumido alguna forma de tabaco?

CONDICIONES NO ASEGURABLES
1. ¿Un médico le diagnosticó positivamente al solicitante una enfermedad terminal?
2. Según su leal saber y entender, ¿el solicitante ha dado resultado positivo por exposición a la infección del VIH o fue diagnosticado con SIDA o ARC...
3. ¿El solicitante está actualmente confinado a la cama, hospitalizado, encarcelado, en un centro de atención o recibiendo cuidados paliativos?

ENFERMEDADES SIGNIFICATIVAS: si la respuesta es "SI" a cualquiera de estas preguntas, su beneficio por fallecimiento será modificado
En los últimos dos (2) años, el solicitante ha sido diagnosticado o recibido tratamiento de un médico, o ha tomado medicamentos para cualquiera de las siguientes enfermedades:
1. ¿Enfermedad cardíaca, incluyendo ataques cardíacos, cirugía cardíaca, o insuficiencia cardíaca congestiva?
2. ¿Enfermedad del sistema circulatorio, incluyendo derrame cerebral, aneurisma o se le ha recomendado tener alguna cirugía para mejorar la circulación?
3. ¿Cáncer aparte del cáncer en las células basales de la piel?
4. ¿Enfermedad de los pulmones, que no sea asma, incluyendo enfermedad pulmonar obstructiva crónica (EPOC o COPD, por sus siglas en inglés) o enfisema?
5. ¿Enfermedad del hígado o riñones, o ha tenido un trasplante de órganos?
6. ¿Enfermedad de Alzheimer, demencia, síndrome orgánico cerebral, o ELA (enfermedad de Lou Gehrig o ALS, por sus siglas en inglés)?
7. ¿Abuso de alcohol o drogas?
8. ¿Complicaciones de diabetes incluyendo amputación, coma diabético, ceguera, o trastorno renal?
9. ¿Al solicitante se le ha realizado o recomendado una prueba de diagnóstico relacionada con alguna de las preguntas anteriores, excepto con aquellas relacionadas con el Virus de Inmunodeficiencia Humana (virus del SIDA), de la que todavía no se hayan recibido los resultados?

REEMPLAZO
1. ¿El solicitante tiene actualmente un seguro de vida o contratos de anualidades?
2. ¿Esta póliza reemplazará o cambiará otros seguros o anualidades?
Si la respuesta a la pregunta dos (2) es "si", detalle la compañía y número de póliza

PRÉSTAMO AUTOMÁTICO DE PRIMAS
ENTREGA
¿Se solicita el Préstamo Automático de Primas?
Enviar la póliza por correo al:

Yo autorizo a cualquier farmacia o administrador de beneficios de farmacia que tenga un historial de mis medicamentos con receta médica que proporcione dicha información a Lincoln Heritage Life Insurance Company o a sus reaseguradores con el propósito de evaluar mi solicitud de seguro. La información de salud que obtengan no podrá ser divulgada sin mi autorización a menos que lo permita la ley, en cuyo caso puede no estar protegida bajo las leyes federales de privacidad. Esta autorización será válida por dos (2) años a partir de esta fecha y puede ser revocada al enviar un aviso por escrito a Lincoln Heritage Life Insurance Company.

Cualquier persona que conscientemente y con intención de dañar, defraudar, o engañar a cualquier aseguradora presente una declaración de reclamo o una solicitud que contenga cualquier información falsa, incompleta, o engañosa es culpable de un delito en tercer grado.

Yo declaro que las respuestas que he dado son verdaderas según mi leal saber y entender. Entiendo que la Compañía dependerá de mis respuestas para emitir el seguro. Entiendo que la cobertura entra en vigencia cuando la Compañía haya aprobado esta solicitud y se pague la primera prima.
Firma del Propietario
Firma del Solicitante
Firmado en el Estado
Fecha

CONFIRMACIÓN DEL PRODUCTOR
¿Hay seguros de vida o contratos de anualidades sobre la vida del solicitante?
Firma del Productor
Nombre escrito con letra de molde
Número del Productor
Número de licencia de Florida



APPLICATION FOR LIFE INSURANCE  
FINAL EXPENSE  
PLEASE PRINT LEGIBLY

JUN 19 2012

Executive Offices:  
4343 East Camelback Road  
Phoenix, AZ 85018-2705

1. OWNER INFORMATION	
Name JULIO CARRION	Phone 904-342-5357
Address 2629 JUAREZ AVE ST AUGUSTINE	State FL Zip 32086

2. APPLICANT INFORMATION			
Name JULIO CARRION	Relationship to Owner SELF	Height 5-06	Weight 180
Address 2629 JUAREZ AVE	Phone 904-342-5357	SSN 8684	
City ST AUGUSTINE	State FL	Zip 32086	Age 62
	Date of Birth 12-12-1949	Sex M	
Primary Beneficiary DONNA M. INGRAM	Relationship PARTNER	Coverage Amount \$4,000	
Contingent Beneficiary	Relationship	Monthly Premium	

3. RIDER OPTIONS		
Child Rider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ Unit(s) Per Child	AD&D Rider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s)	Rider Premium \$
Health questions also apply to all children on the rider.		
Name(s) of Child Rider Applicant(s)	Date of Birth	Sex

4. PLAN		PAYMENT METHOD		DUE DATE	
<input checked="" type="checkbox"/> Final Expense Non-Tobacco	<input type="checkbox"/> 15 Year Pay Modified Death Benefit	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Annual	20	TOTAL MONTHLY PREMIUM \$ 26.48 21.86
<input type="checkbox"/> Final Expense Tobacco		<input type="checkbox"/> Savings	<input type="checkbox"/> Semi-Annual		
<input type="checkbox"/> 20 Year Pay Non-Tobacco			<input type="checkbox"/> Quarterly		
<input type="checkbox"/> 20 Year Pay Tobacco			<input type="checkbox"/> Monthly Direct		
(1st thru 20th only) of each month					

5. TOBACCO QUESTION	
a. Has any proposed insured used any form of tobacco in the past 12 months?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

6. UNINSURABLE CONDITIONS	
a. Has any proposed insured been diagnosed, by a licensed member of the medical profession, with a terminal illness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Has any proposed insured been tested positive for exposure to the HIV infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection or other sickness or condition derived from such infection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. Is any proposed insured currently incarcerated, hospitalized, receiving hospice care or in a licensed care facility, a nursing home facility, assisted living facility, adult family-care home, board and care facility or adult care facility that has medical care available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

7. SIGNIFICANT HEALTH CONDITIONS - If the answer to any health question is "Yes," your death benefit will be modified.	
a. Has any proposed insured been hospitalized two or more times in the past six months?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. If under age 25, has any proposed insured been diagnosed, by a licensed member of the medical profession, with cerebral palsy, cystic fibrosis, muscular dystrophy or multiple sclerosis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. In the past two years, has any proposed insured had, been diagnosed with, been treated for, by a licensed member of the medical profession, or taken prescription medication for any of the following conditions:	
1. Heart disease, including heart attack, heart surgery, congestive heart failure or angina pectoris?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Alzheimer's disease or dementia, organic brain syndrome, ALS (Lou Gehrig's disease) or does any proposed insured need assistance performing their Activities of Daily Living, including feeding, bathing or dressing themselves?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. Disease of the circulatory system, including stroke, TIA (Transient Ischemic Attack) or aneurysm, or has any proposed insured had or been advised to have surgery to improve circulation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Cancer or any form of malignancy other than basal cell skin cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Disease of the lungs, other than asthma, including COPD (Chronic Obstructive Pulmonary Disease) or emphysema; oxygen to assist in breathing; liver disease, including cirrhosis or hepatitis C; kidney disease, including kidney dialysis; organ transplant?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6. Alcohol abuse or drug abuse?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness or kidney disorder?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Has any proposed insured had or been advised, by a licensed member of the medical profession, to have a diagnostic test for which results have not yet been received? (If yes, provide complete details in Section 9)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

8. NON-MEDICAL QUESTION	
a. Do all proposed insureds permanently reside in the United States?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

HOME OFFICE USE ONLY						
Plan 310	Policy #	FGS Membership #	UW Approval	Issue Type	Date	Initials

FEAPP07-FL



**9. MEDICATIONS** - List any medication(s) each proposed insured has been prescribed or taken in the past 2 years and the reason for its use. - *9*

N A

**10. DOCTOR'S INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

N A

**11. REPLACEMENT**

Does the proposed insured have existing life insurance policies or annuity contracts?  Yes  No If yes, list company and policy #  
 Will this cause other insurance or annuities to be replaced or changed?  Yes  No

**12. PAYOR INFORMATION**

Name JULIO CARRION	<b>AUTOMATIC PREMIUM LOAN</b> Is Automatic Premium Loan requested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>DELIVERY</b> Mail Policy to: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Producer
Relationship to Owner		

2nd Addressee for the purpose of notification of past due premium payments and possible lapses in coverage (Name and Address)

**13. APPLICANT'S SIGNATURE(S) AND AUTHORIZATION**

**AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, reinsurance company, division of motor vehicles, or the veterans administration having information as to diagnosis, treatment or prognosis with respect to the physical or mental condition or having non-medical information concerning me, to release and disclose the entire medical record and any other protected health or other information concerning me within the past five (5) years, without restrictions, to Lincoln Heritage Life Insurance Company or its reinsurers. This includes information on the treatment of alcohol, drug and tobacco abuse, and psychiatric diagnosis and treatment.

I understand that the protected information is to be disclosed under this authorization so that Lincoln Heritage Life Insurance Company may underwrite my application for life insurance, determine eligibility for insurance, risk rating or policy issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage and conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Lincoln Heritage Life Insurance Company. Any protected information obtained will not be released by Lincoln Heritage Life Insurance Company, or its reinsurers.

I understand that this authorization shall remain in force for twenty-four (24) months from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, a request for change in policy benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative will receive a copy of this authorization with my policy. I understand and agree that this authorization may be revoked by me at anytime in writing, by sending a written notice of revocation to Lincoln Heritage Life Insurance Company, 4343 East Camelback Road, Phoenix, AZ 85018. I agree that Lincoln Heritage Life Insurance Company shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation or to the extent that Lincoln Heritage Life Insurance Company has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I HAVE READ ALL QUESTIONS AND ANSWERS. I AFFIRM THAT THEY ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE COMPANY WILL RELY ON MY ANSWERS ABOVE IN ISSUING ANY LIFE INSURANCE HEREUNDER AND THE AGENT DOES NOT HAVE THE AUTHORITY TO WAIVE OR MODIFY ANY QUESTIONS OR ANSWERS. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature of Owner *X Julio Carrion* Signature of Applicant *X Julio Carrion*  
 Signed in (City/State) ST. AUGUSTINE FL Signature of Child Rider Applicant \_\_\_\_\_  
 (If 15 years of age)  
 On (Month/Day/Year) 06-19-2012

**14. AGENT'S CONFIRMATION**

Are there existing life insurance and/or annuity contracts on the life of the proposed insured?  Yes  No  
 To the best of my knowledge, replacement  is  is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Agent's Signature *[Signature]* Code Number 0989033  
 Agent's Printed Name GERARDO DILORSTO Florida License Number W0076176



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

August 31, 2012

Donna M Ingram  
2629 Juarez Ave  
St Augustine FL 32086-5331

RE: Policy #04-2056420, Julio Carrion

Dear Ms. Ingram:

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

We received the final claim papers yesterday, and our check for \$4,005.26 is enclosed. Included with the proceeds is an additional \$5.26 which represents interest.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Keith Perkins  
Vice President

YKP/cc

Enclosure

Pol: 04-0002056420 FCGS: Y  
Dec: Julio Carrion  
Date Reported: 08/06/2012  
Bene Phn: 0000000000

Caller: Cj  
Phn: 9048241872 Rel: Fh  
Agt: 84033 Act: Y MMCA: 0006  
Agt Name: Gerardo DiLoreto

'ou

4343 East Camelback Road  
Suite 400  
Phoenix, AZ 85018-2705  
www.lhlic.com  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726



040002396881

JF JAN 28 2014



Lincoln Heritage LIFE INSURANCE COMPANY

APPLICATION FOR INDIVIDUAL LIFE INSURANCE PLEASE PRINT LEGIBLY

Executive Offices: 4343 East Camelback Road, Suite 400 Phoenix, AZ 85018-2705

OWNER INFORMATION: Name Angelia Lucretia King, Address 1124 Roan Ct, City Kissimmee, State FL, Zip 34759. APPLICANT INFORMATION: Name Mack King, Relationship to Owner father, Address 1124 Roan Ct, City Kissimmee, State FL, Zip 34759, Age 79, Date of Birth 08-17-33, Sex Male. Primary Beneficiary Angelia L. King, Relationship daughter, Coverage Amount \$8,500. Contingent Beneficiary Tamara King, Relationship daughter, Monthly Premium \$. RIDER OPTIONS: Child Rider No, AD&D Rider Yes, 1 Unit(s), Rider Premium \$. PLAN: Modified Death Benefit, PAYMENT METHOD: Monthly Draft, DUE DATE: 15th, TOTAL MONTHLY PREMIUM: \$164.47. TOBACCO QUESTION: No. UNINSURABLE CONDITIONS: No. SIGNIFICANT HEALTH CONDITIONS: No. REPLACEMENT: No. AUTOMATIC PREMIUM LOAN: No, DELIVERY: Owner. Signature of Owner: [Signature], Signature of Applicant: Mack King, Signed in State: Florida, Date: 1/27/2014. PRODUCER'S CONFIRMATION: Signature of Producer: Yecenia Rojas, Producer's Number: 04-96651-1, Florida License Number: W176350.



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

040002396881

April 17, 2014

Angelia L King  
1124 Roan Ct  
Kissimmee FL 34759-7030

RE: Policy #04-2396881, Mack King

Dear Ms. King:

We received the Medical Examiner's Report and have reviewed the information. We are pleased to inform you that the Accidental Death Benefit on the policy has been deemed payable along with the full face of the life portion. Enclosed is our check for \$12,818.03 which represents the benefit amount minus the \$178.71 which was previously sent to you. Included with the proceeds is an additional \$15.74 which represents interest.

Please let us know if you have any questions concerning this matter.

Sincerely,

Cathy Courcey  
Policy Benefits Department

*Our Business is You*

4343 East Camelback Road  
Suite 400  
Phoenix, AZ 85018-2705  
www.lhlic.com  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726

## KNOW the symptoms



**Every 37 seconds, someone in the U.S. someone dies from a heart attack or another heart-related condition.**

### ***-American Heart Association***

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders,

Each year in the United States, about 1.2 million people have a heart attack. More than 40 percent of those people die before they reach a hospital indicating that potentially a large portion of Americans do not clearly know the warning signs of a heart attack. As terrible as these numbers sound, they are much lower than figures of 30 years ago. Today, thanks to the help of preventive health services like Healthism, many Americans are doing better job of reducing their own risk of heart attack equipped with the right information.

<http://www.healthism.com/articles/healthy-heart>



The following list is provided to assist agents in underwriting Final Expense applications for Lincoln Heritage Life Insurance Company.

It is intended to be a list of the most common prescription drugs that will cause a policy to be issued Modified under our guidelines.

Please keep in mind that any medications prescribed for conditions covered in the health questions on the application will also cause a policy to be issued Modified.

**As always, we encourage you to contact Underwriting at any time for risk assessment and/or medication verification at 1-800-433-8181 (after hours call 1-800-779-0983)**

## Common Modified Medications

**ACLDINIUM BROMIDE** - COPD, Emphysema

**AGGRENOX** - Circulatory

**AMIODARONE HCL** - Heart

**AMJEVIA** - Immunosuppressant

**APIXABAN** - Circulatory

**ARICEPT** - Alzheimer's, Dementia

**ARIXTRA** - Circulatory

**ASPIRIN-DIPYRIDAMOLE** - Circulatory

**BICALUTAMIDE** - Cancer

**BIDIL** - Heart

**BRILINTA** - Heart, Circulatory

**BUPRENORPHINE HCL - NALOXONE HCL DIHYDRATE** - Addiction

**CALCIUM ACETATE** - Kidney Disease

**CELLCEPT** - Organ Transplant

**CILOSTAZOL** - Circulatory

**CINACALCET HCL** - Kidney Disease, Cancer

**CLOPIDOGREL** - Circulatory

**COUMADIN** - Circulatory

**DABIGATRAN ETEXILATE MESYLATE** - Circulatory

**DALIRESP** - COPD, Emphysema

**DIGOX** - Heart

**DIGOXIN** - Heart

**DIPYRIDAMOLE** - Circulatory

**DONEPEZIL HCL** - Alzheimer's, Dementia

**DRONABINOL** - Cancer

**DRONEDARONE HCL** - Heart

**EFFIENT** - Circulatory

**ELIQUIS** - Circulatory

**ENBREL** - Immunosuppressant

**ENOXAPARIN SODIUM** - Circulatory

rv 5/25/17

**EPOETIN ALFA** - Circulatory

**EXELON** - Alzheimer's, Dementia

**FEMARA** - Cancer

**FLECAINIDE ACETATE** - Heart

**FONDAPARINUX SODIUM** - Circulatory

**HARVONI** - Hepatitis C

**HEPARIN SODIUM** - Circulatory

**HUMIRA** - Immunosuppressant

**HYDROXYUREA** - Cancer, Circulatory

**IMDUR** - Heart

**ISONIAZID** - Lung Disease (Tuberculosis)

**ISOSORBIDE DINITRATE** - Heart

**ISOSORBIDE DINITRATE - HYDRALAZINE HCL** - Heart

**ISOSORBIDE MONONITRATE ER** - Heart

**JANTOVEN** - Circulatory

**LANOXIN** - Heart

**LEDIPASVIR-SOFOSBUVIR** - Hepatitis C

**LETROZOLE** - Cancer

**LOVENOX** - Circulatory

**MEMANTINE HCL** - Alzheimer's, Dementia

**MULTAQ** - Heart

**MYCOPHENOLATE MOFETIL** - Organ Transplant

**NAMENDA** - Alzheimer's, Dementia

**NITROGLYCERIN** - Heart

**NITROGLYCERIN TRANSDERMAL** - Heart

**NITROLINGUAL PUMPSPRAY** - Heart

**NITROSTAT** - Heart

**PACERONE** - Heart

**PARICALCITOL** - Kidney Disease

**PEGASYS** - Hepatitis C

**PEGINTERFERON ALFA 2** - Hepatitis C

**PENTOXIFYLLINE ER** - Circulatory

**PLAVIX** - Circulatory

**PLETAL** - Circulatory

**PRADAXA** - Circulatory

**PRASUGREL HCL** - Circulatory

**PROCRIT** - Circulatory

**RANEXA** - Heart

**RANOLAZINE** - Heart

**RENEVA** - Kidney Disease

**RIFAMPIN** - Lung Disease (Tuberculosis)

**RIVAROXABAN** - Circulatory

**RIVASTIGMINE** - Alzheimer's, Dementia

**ROFLUMILAST** - COPD, Emphysema

**SENSIPAR** - Kidney Disease, Cancer

**SEVELAMER CARBONATE** - Kidney Disease

**SOFOSBUVIR** - Hepatitis C

**SOTALOL HCL** - Heart

**SOVALDI** - Hepatitis C

**SPIRIVA HANDHALER** - COPD, Emphysema

**SUBOXONE** - Addiction

**TACROLIMUS** - Cancer

**TAMOXIFEN CITRATE** - Cancer

**TICAGRELOR** - Heart, Circulatory

**TIOTROPIUM BROMIDE MONOHYDRATE** - COPD, Emphysema

**TRENTAL** - Heart

**TUDORZA PRESSAIR** - COPD, Emphysema

**WARFARIN SODIUM** - Circulatory

**XARELTO** - Circulatory

**ZEMPLAR** - Kidney Disease



### Chronic Conditions List

Below is a partial list of the most common chronic health conditions that would require a “yes” answer to a Significant Health Condition on the application, even if the initial diagnosis or treatment is over 2 years ago. These conditions are considered an active diagnosis.

**Alzheimer’s** - Memory

**Amyotrophic Lateral Sclerosis (ALS – Lou Gehrig disease)** – Degenerative Disorder

**Aortic Stenosis** - Circulatory

**Atherosclerosis** – Circulatory

**Cardiomyopathy** – Heart

**Chronic Bronchitis** – Lung

**Chronic Kidney Disease** – Liver/Kidney

**Chronic Obstructive Pulmonary Disease (COPD)** - Lung

**Chronic Tuberculosis (TB)** - Lung

**Cirrhosis** – Liver/Kidney

**Congestive Heart Failure (CHF)** – Heart

**Coronary Artery Disease (CAD)** - Heart

**Cystic Fibrosis** - Lung

**Dementia** - Memory

**Emphysema** - Lung

**Hepatitis C** - Liver/Kidney

**Organic Brain Syndrome** - Memory

**Peripheral Artery Disease (PAD)** - Circulatory

**Pulmonary Fibrosis** - Lungs

**Pulmonary Hypertension** - Circulatory

**Sarcoidosis of the Lungs** - Lungs

**Unresolved Aneurysm** - Circulatory

### Uninsurable Medication List

Below is a partial list of the most common medications which are prescribed to treat uninsurable conditions. If an applicant is taking or has been prescribed one of these medications, no coverage can be written. Please keep in mind that this is a partial list and that there are other medications also considered to be uninsurable.

#### HIV/AIDS

Atripla	Invirase
Abacavir	Lexiva
Agenerase	Norvir
Cidofovir	Prezista
Combivir	Retrovir
Crixivan	Reyataz
Cytovene	Sustiva
Didanosine	Tenofovir
Epivir	Truvada
Epzicom	Videx
Fosamprenavir	Viracept
Foscarnet Sodium	Viramune
Ganciclovir	Vistide
Isentress	Zerit
	Zidovudine





CONTRATO DE BENEFICIOS FUNERALES PRE-PAGADOS MEDIANTE UN SEGURO FINANCIADO

Nº De Contrato **560299**

Comprador: NIXON MENON Proveedor: Leal Funeral Home

Beneficiario del contrato/Asegurado: NIXON MENON Vendedor: LIFETIME SERVICES, INC. PERMISO NO. 914-10

Declaración de Bienes y Servicios Fúnebres Seleccionados

(A) SERVICIOS Y PRODUCTOS GARANTIZADOS:

El precio total del contrato indicado abajo incluye los bienes y servicios a ser entregados al momento del fallecimiento del beneficiario del contrato. Usted no está comprando los bienes y servicios en donde el precio se ha dejado en blanco. Usted puede comprar, al momento del funeral, los bienes y servicios que se han dejado en blanco. La ley, el cementerio o el crematorio pueden exigir la compra de ciertas cosas. Este contrato le permite a usted pagar por anticipado y congelar los costos de los productos y los servicios garantizados seleccionados abajo.

Disposición:  Entierro  Cremación  Otro

SERVICIOS BASICOS DEL DIRECTOR DE FUNERARIA, PERSONAL Y GASTOS GENERALES..... \$ 2595.-
EMBALSAMAMIENTO(ver explicación abajo). \$ 995.-
OTRA PREPARACION DEL CUERPO:
Baño del cuerpo..... \$
Esteticista..... \$
Cosmetologo..... \$
Vestir/Colocar en ataúd /cosmetic \$ 223.-
Gastos por refrigeración (# de días) \$
Otros: \$
USO DE INSTALACIONES Y PERSONAL:
Servicio de Rosario o de oración ..... \$
Velorio/Vistas de condolencias (#días 1) \$ 595.-

Ceremonia fúnebre en la funeraria..... \$
Ceremonia fúnebre en otro lugar..... \$
Servicio fúnebre en la funeraria..... \$
Servicio fúnebre en otro lugar..... \$
Uso de equipo y personal para el servicio
En de la tumba..... \$
Otro: \$

SERVICIOS DE TRANSPORTE:
Transporte de los restos a la funeraria (A un radio de 40 millas)..... \$ 425.-
Carroza (auto fúnebre)..... \$ 525.-
Automóvil de funeral..... \$
Limosina..... Cantidad \$
Automóvil para los portadores de féretro ..... \$
Automóvil para el clérigo..... \$
Automóvil para transporte de flores..... \$
Otro: \$

OTRO SERVICIOS:
Enviar los restos a otra funeraria (describe) \$
Recibir los restos provenientes de otra funeraria (describe) \$
ENTIERRO INMEDIATO (Cargo básico)..... \$
CREMACION DIRECTA (Cargo básico)..... \$

BIENES:

Ataúd ..... \$ 1295.-
Madera Tipo:
Acero: 18 ga 20 ga 22 ga ga Inoxidable
Bronce: 32 oz 48 oz Cobre: 32 oz 48 oz
Otro:
Sello Sin Sello Empaquetadura Sin Empaquetadura N/A
Forro Interior Crepe Terciopelo Satin Otro

Contenedor exterior para entierro (explicación abajo)... \$
Forro Bóveda Caja Otro (describe):
Concreto Madera Tipo:
Acero: 7 ga 10 ga 12 ga 14 ga Inoxidable
Bronce oz. Cobre oz.
Otro:
Sello Sin Sello N/A

Contenedor alternativo: (material) \$
Urna: (material) \$
Contenedor para envío: (material) \$
Papelería /Tarjetas: (describe) (#) \$
Libro de visitas: (#) \$
Tarjetas de agradecimiento: (describe) (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$
Otros: (#) \$

(A) COSTO TOTAL DE LOS ARTICULOS GARANTIZADOS: \$ 6655.-

No se otorgara reembolso o crédito por los bienes o servicios de venta empaquetados que no sean utilizados por el cliente al momento de uso.

Explicación de ciertos cargos

Los cargos son solamente para los artículos que usted seleccionó o que son obligatorios. Si la ley, el cementerio o el crematorio nos exigen usar algún artículo, a continuación le explicaremos las razones por escrito. Si usted seleccionó un funeral que pueda requerir el servicio de embalsamamiento, como ser un funeral con velorio, usted podría pagar por el embalsamamiento. Si usted seleccionó ciertos arreglos tales como la cremación directa o el entierro inmediato no tendrá que pagar por el embalsamamiento que no haya aprobado. Si le hemos cobrado por el embalsamamiento, a continuación le explicaremos por qué.

Razón por el embalsamamiento: (describe) Public Viewing.

Razón por uso de contenedor exterior para entierro u otros: (describe)



Usted puede decidir renunciar a su derecho a cancelar este contrato, Usted hace esto firmando una Renuncia al Derecho de Cancelación por separado. Si usted firma una Renuncia al Derecho de Cancelación por separado, usted no podrá cancelar su contrato ni recibir un reembolso. Usted puede decidir asignar de forma irrevocable sus derechos bajo la póliza de seguro, incluyendo su derecho a cancelar la póliza de seguro. Usted hace esto mediante la firma de un formulario por separado que le proporciona la compañía de seguros.

Si usted desea cancelar este contrato, la solicitud debe hacerse por escrito en los formularios indicados por el Departamento Bancario. Si usted cancela este contrato, eso no cancela automáticamente su póliza de seguro. La póliza de seguro sigue vigente. Pero si usted cancela por escrito tanto este contrato como la póliza de seguros, usted recibirá el valor de entrega en efectivo, si lo hubiese. Si somos nosotros los que le solicitamos que cancele este contrato, usted recibirá un reembolso completo.

Sus garantías de precios contratados se anulan si: (1) Usted cancela la póliza de seguro; (2) Usted tiene un préstamo pendiente contra la póliza de seguro; (3) la póliza de seguro paga una cobertura por muerte que es menor al valor nominal completo; o (4) Su contrato es pagado con una anualidad y los vencimientos de tal anualidad y cualquier beneficio por edad son pagados con anterioridad al fallecimiento del Pensionado/Beneficiario del Contrato.

Si usted cancela la póliza de seguro durante el periodo de "evaluación gratuita", usted recibirá un reembolso del 100%. Consulte la póliza de seguro para ver el tiempo de duración del periodo de evaluación gratuita.

**Cancelación o Asignación de Contrato / Póliza**

Esciba aquí sus iniciales para confirmar que ha recibido una copia de la Solicitud de Seguro: **MM**

Las primas que usted paga en la(s) póliza(s) de seguro pueden no ser igual al precio total del contrato. Usted podría pagar más o menos, dependiendo de varios factores (por ejemplo: su edad, estado de salud y tipo de póliza de seguro adquirida). Basándose en la prima prevista que se indica en la(s) solicitud(es) de seguro, el monto máximo de las primas que usted podría pagar a lo largo del plazo de la póliza(s) de seguro para este contrato es de \$ **6904.80**

Este contrato está fundado mediante una póliza de seguro. El beneficiario del contrato debe solicitar la cobertura del seguro. El pago que usted realiza hoy es la primera prima de su póliza de seguro. La compañía de seguros le emitirá su póliza de seguro o le negará la cobertura de seguro en un plazo de 30 días desde que usted firme este contrato. Si se le niega la cobertura, usted recibirá de la compañía de seguros un reembolso del 100%. La información de pago de la prima se muestra en la Solicitud de Seguro que usted debe completar y firmar junto con este Contrato.

**Condiciones de Pago**

PRECIO TOTAL DEL CONTRATO	\$ <b>4858</b>
Total parcial (A + B):	\$ <b>6655</b>
(Menos): descuentos y ajustes:	\$ <b>1797</b>
<b>TOTAL ARTICULOS NO GARANTIZADO: (B)</b>	\$ <b>0</b>

<input type="checkbox"/> Flores	\$
<input type="checkbox"/> Transporte	\$
<input type="checkbox"/> Escorta de póliza	\$
<input type="checkbox"/> Gastos de cremación	\$
<input type="checkbox"/> exteiores	\$
<input type="checkbox"/> Renta de instalaciones	\$
<input type="checkbox"/> Certificados de defunción	\$
<input type="checkbox"/> Avisos obituarios	\$
<input type="checkbox"/> Músicos y Cantantes	\$
<input type="checkbox"/> Honorarios religiosos	\$
<input type="checkbox"/> cemeneterio	\$
<input type="checkbox"/> Apertura y cierre en	\$

Le cobramos a USTED por obtener de los siguientes artículos marcados en las casillas:

(B) ARTICULOS DE PAGO ANTICIPADO NO GARANTIZADOS:

Los artículos y montos indicados a continuación se especifican como no garantizados. Usted entiende que estos son montos ESTIMADOS solamente y que su costo no queda congelado. Esta sección le permite a usted guardar fondos para los artículos que requieren de un pago por anticipado en efectivo. Usted no está asignando fondos para ninguno de los artículos siguientes en donde se haya dejado el precio en blanco.

Esciba aquí sus iniciales para confirmar que ha leído esta cláusula: **MM**

# TEXAS SERVICE LIFE INSURANCE COMPANY

(A Stipulated Premium Company)

TEXAS SERVICE LIFE INSURANCE COMPANY agrees to pay the Face Amount subject to the terms of this Policy to the Assignee (if applicable) or to the designated Beneficiary or Beneficiaries upon receipt at its Home office of due proof of the death of the Insured provided such death occurs during the continuance of this Policy.

*This policy is issued to fund a prepaid funeral benefits contract subject to Chapter 154 of the Texas Finance Code. Cancellation of the prepaid funeral benefits contract does not automatically cancel this policy.*

FUNERAL PRENEED CONTRACT NUMBER: 560299

<b>POLICY NUMBER</b>	<b>POLICY DATE</b>	<b>AGE OF INSURED</b>
560299T	04/01/2018	41 Male

Owner: NIXON ALFONSO MENDEZ

Insured: NIXON ALFONSO MENDEZ

Beneficiary: LUZ MILA RINCON

## SCHEDULE OF BENEFITS AND PREMIUMS

FACE AMOUNT:		Monthly Premium	
		Direct Bill	Bank Draft
\$4,858.00		91.91	82.20
<b>RIDERS:</b>	AWAY 7/94	0.00	0.00
	ACCDB ADD 2017-03	0.00	0.00
	CR 2013	0.00	0.00
	<b>Total Monthly Premium:</b>	\$91.91	\$82.20
	<b>TOTAL PREMIUM PAYABLE:</b>	\$7,720.44	\$6,904.80
	<b>NUMBER of PAYMENTS:</b>	84	84

## PARTICIPATION

At the end of the first policy year and annually thereafter while this policy is in force, the Company will determine and apportion the share of the divisible surplus arising from the Company's participating business to be credited as a Dividend to this Policy.

The Consideration for this policy is the payment of premium as provided for in this policy. This Policy, including the provisions on the following pages, constitutes the entire Contract between the parties.

Signed at the Home Office of Texas Service Life Insurance Company as of the Policy Date.



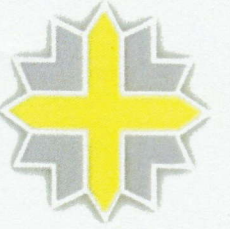
Secretary



President

LIFE POLICY  
Premiums Payable for Period Shown in Schedule  
Face Amount Payable at Death of Insured  
PARTICIPATING

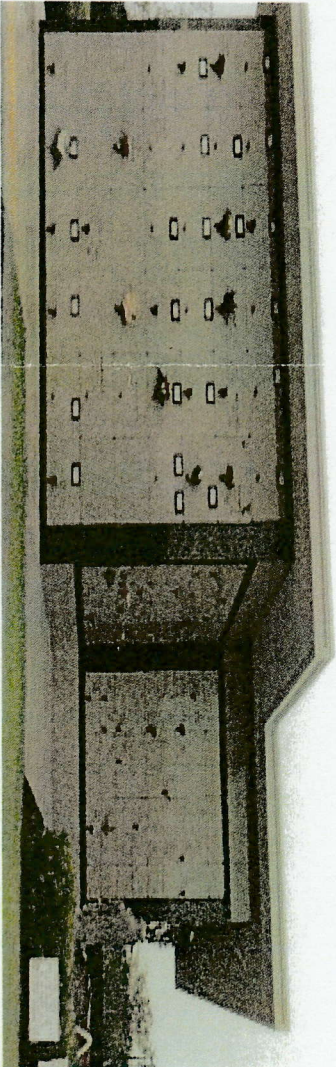




**OUR LADY OF MERCY CATHOLIC CEMETERY**

**MAYO 2016**

**RESURRECTION CRYPTS. MOUSOLEUM TANDEM**



**BLDG. 301. WALL 103 & 104**

**BLDG. 303. WALL 100-101-103 Y 104**

**LEVEL: F Y G**

  
**VIOLBETA MOSQUERA**  
**CATHOLIC CEMETRIES**  
**786-260-8031**

CRYPT (TANDEM) FOR 2 PEOPLE

\$ 5,495.00

OPENING AND CLOSING (2)

\$ 1,990.00

DOC. FEES

\$ 55.00

ADMIN FEE

\$ 75.00

**TOTAL**

**\$ 7,615.00**

DOWN PAYMENT (5%)

\$ (452.00)

BALANCE

\$ 7,163.00

MONTHLY PAYMENTS PAD O RRC / 84 MONTHS

\$ 85.27

I-OPEN

NO OPEN

6.620

5.625

(-265)

(-230)

6.355

5.395

\$ 75.65  
84.14

\$ 65  
84.14

# Funeral Costs Are Rising FAST



For the last 30 years, funeral costs have been growing much faster than the overall Consumer Price Index<sup>1</sup>.

**COMMON COST OF FUNERAL:**  
**\$15,355.00** and up

## FUNERAL AND CEMETERY COST BREAKDOWN

Funeral Costs<sup>1</sup>: ..... \$8,755.00

### INCLUDES:

Professional service charges, transfer of remains, embalming, hairdressing/cosmetology, visitation/viewing, service at funeral home or church, hearse, service car/flower van, acknowledgement cards, casket (steel with velvet interior), burial vault

### Average Cemetery Costs<sup>2</sup>:

Plot..... \$3,000.00

Opening and closing of grave ..... \$1,600.00

Upright Stone Marker ..... \$2,000.00

**\$15,355.00**

1 Source: National Funeral Directors Association, Trends and Statistics, 1960-2015

Funerals – A Consumers Guide, FEDERAL TRADE COMMISSION, www.ftc.gov

2 Source: Funeral Consumer Guardian Society®

# Things You Need to Know

## **The Funeral Rule of 1984 protects your rights.**

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The Funeral Consumer Guardian Society® believes it is in the best interest of families everywhere to be aware of their consumer rights, as stated in this important law. The law was enacted in 1984 to stop funeral homes from persuading people to buy goods and services they did not want or need, and charging them highly marked-up prices on the items they did want.

- General Price List (GPL) — A funeral home must provide a dated price list before discussion begins regarding any arrangements.
- Telephone price disclosure — A funeral home must give accurate information as to their GPL, casket price list and outer-burial container price list.
- Casket price list — Funeral homes are required to show a dated, printed casket price list that also lists alternative containers.
- Itemized statement of goods and services — Once arrangements are made, a funeral home must give a statement itemizing each service and each product chosen, their separate costs, and the total cost.
- Embalming — A funeral home must notify you if embalming isn't required by law in your state. Also, it may not embalm without prior consent.
- Casket — A funeral home can't refuse a casket bought from an outside source or charge a handling fee.
- Preservation and protective claims — A funeral provider cannot tell you that embalming, sealer caskets or sealer burial vaults will preserve the body indefinitely in the grave. Similarly, they cannot claim such features will keep out water or dirt if that is not true.

## **Life insurance is one of the most efficient and trusted ways to finance final expenses.**

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- Benefit goes directly to the beneficiary.
- No federal tax on insurance benefits in most cases.
- Proceeds are not tied to any one funeral industry provider —instead the money can be used anywhere in the world.
- Life insurance may help family members avoid probate costs.

## **Shipping remains for burial elsewhere in the U.S. can increase funeral costs by as much as \$2,000.**

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- People who retire out-of-state, but wish to be buried back home someday, should make sure their funding arrangements will cover this additional cost.
- Also — If a person dies overseas on vacation or business travel, it can cost as much as \$12,000 to have the remains shipped back home for burial.  
Source: Assist America, Inc. (AAI)

## **Insurance benefits often go unclaimed because the beneficiary simply did not know about the policy — or couldn't find it.**

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- The Funeral Consumer Guardian Society can make sure loved ones know about any life insurance policies you may have now, or in the future.
- Beware of using a safe-deposit box to store your important documents, which can result in time-wasting legal clearance efforts that will have to take place before the box's contents are made available.