



Illinois Life and Health Insurance Guaranty Association
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Funeral Home Release Instructions

ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

LIFE CLAIMS ONLY

This memorandum is to provide you with instructions for completing and submitting the Release, Subrogation, and Assignment Form in order to receive payment.

According to the court approved Liquidation Plan concerning Lincoln Memorial Life Insurance Company, Memorial Service Life Insurance Company and National Prearranged Services, the state guaranty association providing coverage for the claim may require that you as payee and policy/contract owner, beneficiary, and/or the insured assign in writing to that guaranty association your rights and causes of action relating to the policy as a condition of receiving payment of your claim. This assignment is to the extent of the claim paid by the guaranty association.

A completed IRS W9- form *Request for Taxpayer Identification Number and Certification* is a condition for a beneficiary or payee to receive benefits. One W-9 form per calendar year is required.

Enclosed is the Release, Subrogation, and Assignment ("Assignment") for this purpose. The Assignment must be signed by an authorized representative of you, the funeral service provider. We must receive a signature in order to mail the claim payment. Please return the signed Assignment by mail, fax, or email to:

Illinois Life & Health Insurance Guaranty Association

By Mail: PO Box 4198

Lisle, IL 60532

By Fax: (773) 304-3559

By Email: ILClaims@illinoisga.org

For additional assistance, please contact our Customer Service Department at (773) 444- 4071 or by email ILClaims@illinoisga.org.

***** REMINDER: A NEW IRS W9-9 FORM WILL BE REQUIRED EACH CALENDAR YEAR. *****