CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

Assignment Program

Funding Request

Funeral Home________________________________ **Contact Name** ________________________________

Phone (____)______________ Fax(____)_____________ Email____

Amount Requested: $__________ Request Date_____________

Is the family requesting an advancement of funds in addition to the funeral costs? Yes ☐ No ☐

If so, amount requested $_________________ (Maximum $25,000)

Deceased_______________________________________ Social Security Number___________________________

Date of Birth____________ Date of Death____________ Place of Death___________________________________
(City, State)

Home Address____

City ____ State_________ Zip_____________________

Marital Status________________________

Death Certificate Yes ☐ No ☐ If no, when is it expected?___________________________

Cause of Death:____

Name of other funeral home or cemetery taking assignment on this claim________________________________

If coverage is through an employer, please provide their name and phone number ________________________

____

Insurance Information

1. ________________________________ ____________________ ________________ ______________________

Insurance Company Name | Policy # / Eff. Date | Face Amount | Beneficiary

____________________ ____________________ ____________________ ____________________

Relationship | SSN | Date of Birth | Phone Number

____

Address | City | State | Zip

2. ________________________________ ____________________ ________________ ______________________

Insurance Company Name | Policy # / Eff. Date | Face Amount | Beneficiary

____________________ ____________________ ____________________ ____________________

Relationship | SSN | Date of Birth | Phone Number

____

Address | City | State | Zip

Cincinnati Equitable Life Insurance Company
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