



STATEMENT OF ACCIDENTAL DEATH

Upon the accidental death of a contract holder or covered dependent, this form should be completed and forwarded to Regence BlueCross BlueShield of Oregon along with:

1. a certified copy of the Death Certificate;
2. the Coroner's Report; and
3. the Investigating Officer's Report.

By furnishing this form and investigating the claim, Regence BlueCross BlueShield of Oregon shall not be held to admit the validity of any claim or to waive or breach any condition of the contract.

CONTRACT HOLDER'S NAME	IDENTIFICATION NO. <input type="checkbox"/> INDIVIDUAL COVERAGE <input type="checkbox"/> GROUP COVERAGE	
NAME OF DECEASED	DATE OF BIRTH	
DATE OF ACCIDENT	PLACE OF ACCIDENT	
DATE OF DEATH	PLACE OF DEATH	
DESCRIBE HOW THE ACCIDENT OCCURRED AND THE NATURE OF INJURIES RECEIVED		
NAME AND ADDRESS OF ATTENDING PHYSICIAN(S)		
PLEASE ATTACH ANY NEWSPAPER ACCOUNTS, HOSPITAL AND POLICE RECORDS AVAILABLE.		
SIGNATURE OF CONTRACT HOLDER OR AUTHORIZED REPRESENTATIVE	DATE	RELATIONSHIP TO DECEASED
MAILING ADDRESS		PHONE NUMBER