



# Return of Premium Claim Form

**Please complete the fields below, have the form notarized, and return it to our office with a certified copy of the death certificate.**

Completed documents can be returned to:

**Platinum Supplemental Insurance  
PO Box 1404  
Rome, GA 30162**

**To be completed by insured's Beneficiary or Representative of Estate:**

Policy Number:	Insured's Name:
Beneficiary/Representative of Estate Name (PLEASE PRINT):	
Beneficiary/Representative of Estate Full Address (PLEASE PRINT):	Telephone:
Date of Birth (Beneficiary Only):	
In consideration of the full payment of the refund of premium benefit, on the above referenced policy, I accept financial responsibility for any claims that may have become payable under all benefits. By accepting the Return of Premium benefit payment, I hereby release State Mutual Insurance Company from any further liability for the original Primary Insured, under this policy.	
Signature of Beneficiary/Representative of Estate	Date

**To be completed by Notary Public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Such person is known to me or has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Notary Public Commission No: \_\_\_\_\_

Serial Number, if any: \_\_\_\_\_

\_\_\_\_\_  
Stamp Seal

*If you have any questions, please contact our Claims Department:  
**855.774.4495***