



LIFE INSURANCE VERIFICATION

State Form 44748 (R5 / 5-06) / FI 0775

TO: Insurance Company	Date (month, day, year)
	Name
Address (number and street, city, state, and ZIP code)	Case number
	Name of caseworker / ID number

To Whom It May Concern:

In order to determine my eligibility for public assistance, I authorize release of the information requested below. Please reply by _____, using the enclosed envelope. Thank you for your cooperation.

Signature of Applicant or Recipient	Signature of Responsible Party
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INSURANCE DATA	INSURANCE POLICIES			
	POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4
INSURED				
NAME OF POLICY OWNER				
POLICY NUMBER				
BENEFICIARY				
FACE VALUE				
DATE ISSUED (month, day, year)				

CASH SURRENDER VALUE					
CASH SURRENDER VALUE AS OF THE FIRST DAY OF THE FOLLOWING MONTHS:	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)
		Amount \$	Amount \$	Amount \$	Amount \$
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)
		Amount \$	Amount \$	Amount \$	Amount \$
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)
		Amount \$	Amount \$	Amount \$	Amount \$
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)
		Amount: \$	Amount: \$	Amount: \$	Amount: \$
	Date of transfer: (month, day, year)	Transferred to whom:		Cash surrender value at transfer \$	

INSURANCE DATA (cont.)		INSURANCE POLICIES				
		POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4	
CASH SURRENDER VALUE OF STOCK SHARE						
CASH SURRENDER VALUE OF STOCK SHARE AS OF THE FIRST DAY OF THE FOLLOWING MONTH:	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Date of transfer of stock share: (month, day, year)		Transferred to whom:		Cash surrender value at transfer	
	DIVIDENDS					
	How often paid?					
	Are payments used to: <input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Purchase Additional Paid-up Insurance					
<input type="checkbox"/> Send a check to the insured <input type="checkbox"/> Other (please explain) _____						
Amount paid in the following months:	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount \$	Amount \$	Amount \$	Amount \$	
	Month	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	Date (month, day, year)	
		Amount: \$	Amount: \$	Amount: \$	Amount: \$	
	COMMENTS					

	Signature (Or Stamp) of Person Providing Information			Title	Date (month, day year)	Telephone number, Extension ()