



# Aetna Affidavit of Sole Survivors

Mail to: SRC, an Aetna Company  
 Attn: Claim Department  
 Post Office Box 14079  
 Lexington, KY 40512-4079  
 Fax to: 1-859-455-8650  
 Phone: 1-888-772-9682

**Instructions:** This form is for informational purposes only and completion does not constitute a claim for any type of benefits. Please provide information only for those next of kin who survive and those who died AFTER the death of the insured.

\*\*\* Please use the reverse side of this form for additional children/siblings and indicate the relationship\*\*\*

## Print or Type Information

Name of Deceased		Deceased's Social Security Number		Date of Death		Policy Number		
Next of Kin	Print First Name and Last Name	Date of Birth	Date of Death	Social Security Number	Street Address	City	State	Zip Code
Husband or Wife								
All Children (Natural or legally adopted. No Step-children)								
Parents (Natural or Adoptive parents)	Father:							
	Mother:							
All Brothers & Sisters (Natural or legally adopted. No Step-siblings)								
<i>If none of the above survive, provide member's estate representative information</i>	Name of Estate Representative			Address (street, city, state, zip code)			Telephone Number	

## Informant Information – Please Print

Informant Name	Informant Address	Informant Telephone Number
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### SEAL REQUIRED

I affirm, under penalty of false statement, that the information provided is true and complete to the best of knowledge and belief.

Informant Signature: \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the State of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

Commission Expires: \_\_\_\_\_