

State of Delaware



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Department of Insurance

DOMESTIC/FOREIGN INSURERS

Bulletin 8

**AFFIDAVIT IN LIEU OF A DEATH CERTIFICATE
FOR VICTIMS OF THE SEPTEMBER 11 DISASTERS
INVOLVING THE WORLD TRADE CENTER, THE PENTAGON
AND SOMERSET COUNTY, PENNSYLVANIA**

October 1, 2001

The tremendous loss of life on September 11th, 2001 and the difficult circumstances surrounding the recovery of the victims are likely to result in a delay in the ability to obtain death certificates. It is clear that an alternative method of certification of death must be accepted in order to streamline the payment of needed benefits to family members and other designated beneficiaries.

With respect to death claims arising out of the disasters that occurred at the World Trade Center in New York City, the Pentagon, and Somerset County, Pennsylvania on September 11, 2001, all insurers must accept a fully executed affidavit in the form as attached, in lieu of a death certificate if such certificate is not available.

Insurers may utilize other information as well to complete the claim process but they must accept the attached affidavit in lieu of a death certificate in appropriate circumstances.

DONNA LEE H. WILLIAMS
Insurance Commissioner

AFFIDAVIT IN LIEU OF DEATH CERTIFICATE

STATE OF _____)
) S.S.:
COUNTY OF _____)

I, _____, currently residing at _____,

(telephone number: _____), being first duly sworn, do hereby

depose and say as follows:

1. That I am the _____ of the Insured,
(Relationship to the Insured)

(Name of the Insured)

2. That the Insured was either employed in the World Trade Center or the Pentagon, or was in such buildings or in their immediate vicinity when the events of September 11, 2001, occurred; or was a crew member or passenger on any of the airline flights involved in the disasters on that date; or was a police officer, firefighter, emergency medical service provider, or rescue volunteer at one of those building sites on that date.

3. That I affirm that I have not seen or heard from the Insured since September 11, 2001, and that barring his or her death, he or she would have been in contact with me or someone else.

4. That I affirm that I am unable to secure a death certificate for the Insured from the Chief Medical Examiner or other appropriate authority at this time.

5. That I understand that the _____ may
(Name of Insurer)
secure further information to verify or corroborate my statements herein, relating to these disasters.

6. That I affirm that the statements made herein are true and I make this affidavit under penalties of perjury.

Subscribed and sworn to before me
this _____ day of _____, 2001.

AFFIANT

NOTARY