

**VOLUNTEER EMERGENCY SERVICES ORGANIZATION**  
**3200 Shippers Road, P.O. Box 1250**  
**Vestal, New York 13851-1250**  
**(800) 232-8347**

**Policyholder's Group Death Claim**

Instructions:

1. As soon as you learn of the death of a member of your group, complete and mail this statement to the Volunteer Emergency Services Organization, 3200 Shippers Road, P.O. Box 1250, Vestal, New York 13851-1250.
2. Forward an official copy of the Death Certificate as soon as possible to this Company at the above address.

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PRINT ONLY:

Full Name of Deceased Volunteer Fireman \_\_\_\_\_

Address of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Amount of Insurance \$ \_\_\_\_\_

Certificate Number \_\_\_\_\_

Name of Fire District or Municipality \_\_\_\_\_

Address of Fire District or Municipality \_\_\_\_\_

Print Name of Officer Authorized  
To Sign This Claim With Title \_\_\_\_\_

Group Policy Number \_\_\_\_\_  
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**Statement of Policyholder**  
**On Behalf of the Fire District or Municipality**

I certify that the deceased was eligible and insured under the provisions of the Master Policy on the date of death and such Master policy was in full force and effect on such date, with all premiums paid.

\_\_\_\_\_  
Officer Authorized to Sign With Title

Ernstrom & Heichemer is acting as administrator for VESO Trust. Security Mutual Life Insurance Company of New York is the insurer of your policy. Security Mutual's address is:  
100 Court Street, P.O. Box 1625, Binghamton, New York 13902-1625.