



# REQUEST FOR VERIFICATION OF LIFE INSURANCE POLICY INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 363 (1-2023)

## TO BE COMPLETED BY THE CLIENT

Name	Social Security Number *	Date of Birth	
Address	City	State	ZIP Code
Name of Insurance Company		Policy Number	
Address	City	State	ZIP Code
Provide Information to this Human Service Zone Office			

\* In compliance with the Federal Privacy Act of 1974, disclose of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

Signature	Date
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## TO BE COMPLETED BY THE INSURANCE COMPANY

Date Information Provided			
Type of Policy <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Paid Up <input type="checkbox"/> Other-Explain:			
Name of Policy Owner		Name of Insured	
Face Value	Earnings	Remaining Cost Basis *	Loans

\* Remaining Cost Basis is **the total premiums that have been paid by the above individual less amounts paid for any riders and less any withdrawals of premiums paid.** \*

Have any premiums been paid by someone other than the policy owner or the insured? <input type="checkbox"/> No <input type="checkbox"/> Yes - Who Paid the Premium?	
Amount of Premiums Paid by Someone other than the Policy Owner or the Insured?	Cash Surrender Value **

\*\* (Amount should include dividends, outstanding loans, etc. to arrive at net cash surrender value available)

Date Issued	Name of Beneficiary(ies)		
Has this policy been annuitized? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date Payment Option Chosen:			
Frequency of Payments	Amount of Payments	Guaranty Period of if for 'Life"	
Verified By			Date
Title	Telephone Number	Fax Number	

Return your signed and dated form to your local human service zone office

**OR**

Submit by mail to:

Department Of Health and Human Services

Customer Support Center

PO Box 5562

Bismarck ND, 58506

**OR** FAX: (701)-328-1006

**OR** Email: [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here:

<https://www.hhs.nd.gov/human-service/zones>