



January 6, 2026

Plant City, FL

Deceased:

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:

Check Date:

Check Paid to:

Death Benefit	\$10,000.00
Interest (See check stub for details)	49.86
Refund of Premium	62.50

Direct Deposit Amount **\$10,112.36**

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:

Caller Phone:

Relationship:

Date Reported:

FCGS Membership: Yes

Agent Information

Agent Numbers:

Agent Name:

Agent Status:

MMGA:

Reported Beneficiary Information

1.

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4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7160
Fax: (602) 808-0521
Claims: (855) 706-2396
Fax: (602) 808-8845



Lincoln Heritage[®]
LIFE INSURANCE COMPANY

January 6, 2026

Plant City, FL

RE: Policy

Dear

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

Our payment of \$10,112.36 has been deposited into your account as requested and enclosed is an explanation of benefits.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please either write us a note and return it to us in the envelope provided, or visit our website at www.lhlic.com/feedback and submit a review. We look forward to hearing from you.

Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

Y. Keith Perkins
Senior Vice President

YKP/vs

Enclosure

4343 East Camelback Road, Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Policyholder Service: (800) 438-7180
Fax: (802) 808-0521
Claims: (855) 706-2398
Fax: (602) 808-8845



December 2, 2025

Saint Petersburg, FL

Deceased:

EXPLANATION OF DEATH CLAIM BENEFITS

Policy Number:

Check Date:

Assigned to:

Death Benefit	\$10,000.00
Interest (See check stub for details)	2.19
Minus: Premium Due	-29.50
Minus: Loan Balance	-34.02
Minus: Amount Assigned to Express Funeral Funding	-9,938.67

If you have any questions, please contact us at 1-855-706-2396.

Claim Reporting Information

Claim Reported By:

Caller Phone:

Relationship:

Date Reported:

FCGS Membership: Yes

Agent Information

Agent Numbers:

Agent Name:

Agent Status:

MMGA:

Reported Beneficiary Information

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Lincoln Heritage[®]
LIFE INSURANCE COMPANY

December 2, 2025

Saint Petersburg, FL

RE: Policy

Dear

Please accept our deepest sympathy in the loss of your loved one. My prayer is that you receive the extra strength you need at this difficult time in your life.

The proceeds of the policy have been sent as assigned and an explanation of benefits is enclosed.

The loss of a loved one is a terrible blow. Our hope is that the service we have provided has made this difficult time in your life just a little easier. Accordingly, I would very much appreciate hearing from you concerning our service on this claim. Please either write us a note and return it to us in the envelope provided, or visit our website at www.lhlic.com/feedback and submit a review. We look forward to hearing from you.

Please be in touch with us any time we can be of further assistance to you.

Kindest regards,

A handwritten signature in black ink that reads "Y. Keith Perkins".

Y. Keith Perkins
Senior Vice President

YKP/ss

Enclosure

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