



**FAMILY BENEFIT  
LIFE INSURANCE CO.**

**ADMINISTRATIVE OFFICE:**  
PO Box 5205 | Frankfort KY 40602-5205  
**Phone:** 866.440.1357 **Fax:** 502.875.7084

**REQUEST FOR  
DUPLICATE POLICY OR CERTIFICATE**

**Policy Number:** \_\_\_\_\_  
**Insured's Full Name:** \_\_\_\_\_

☐ **REQUEST FOR COMPLETE DUPLICATE OF POLICY OR GROUP CERTIFICATE (\$35.00 Fee):** I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search has been made and that its existence or whereabouts is unknown.

☐ **REQUEST FOR CERTIFICATE:**  
I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search had been made, and that its existence or whereabouts is unknown. In consideration of the granting of this request, I undertake and agree as follows:

1. that the Certificate issued in accordance with this request shall stand in the place and stead of the original policy/group certificate for all purposes;
2. that all of the terms and conditions of the original policy/group certificate shall remain in force and effect as evidenced by this Certificate; that I will save the Company harmless from all loss or injury which may occur as a direct result of its act of issuing this Certificate; and that if the original policy/group certificate is found, it shall be placed with this Certificate.

_____	
Date	
X _____	X _____
Owner's Name (printed)	Owner's Signature (Always Required)
_____	( ) _____
Owner's email address	Owner-Day time phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<hr/>	
X _____	X _____
Co-Owner's Name (printed)	Co-Owner's Signature (Always Required)
_____	( ) _____
Co-Owner's email address	Co-Owner-Day time phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<hr/>	
X _____	
WITNESS (ALWAYS REQUIRED)	
(If Agent, include Agent Number)	