Georgia Department of Family and Children Services
RECORD OF LIFE INSURANCE POLICIES

A/R Name_____

Complete a form on each A/R in the HH as needed

INSURANCE COMPANY_____   POLICY NUMBER _____

HOME OFFICE ADDRESS _____ DATE ISSUED_____

TYPE OF POLICY _____   IF SICK/ACCIDENT POLICY, SHOW WEEKLY BENEFITS $

FACE VALUE _____ PREMIUM _____ PAYMENT BASIS _____ BY WHOM PAID
(weekly, monthly, etc.)

ADDITIONAL FV

LOAN ON POLICY: _ YES __ NO AMOUNT of LOAN $_____   DATE of LOAN _____

BENEFICIARY NAME _____   RELATIONSHIP

DATES CHECKED	CASH VALUE	ACCRUED DIVIDENDS	DIVIDENDS	MONTH PAID	SOURCE of VERIFICATION	INITIALS of MES

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DHR 01/07

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