

CLAIM ACCEPTANCE

I, claimant for the benefits of a policy issued by Triple-S Vida, Inc., number _____, acknowledge and understand that I am the creditor of the benefits claimed and that the documents and certifications submitted in favor of the claim payment are truthful and authentic.

I received notification of the Notice required by Law 230 of August 9, 2008, that reads as follows:

NOTICE

“Any person that knowingly and with the intention to defraud submits false information in an insurance application or, submits, help or make submits a fraudulent claim for a payment of a loss or any other benefit, or submits more than one claim for the same loss, will incur in a heinous crime and will be guilty, and sanction by each violation with a minimum penalty of five thousand (\$5,000) dollars, non greater that ten thousand (\$10,000) dollars or a reclusion penalty of three (3) years in a permanent term, or both penalties. To intercede aggravating circumstances, the permanent established penalty can be increased up to five (5) years; if intercede lessening guilt, can be reduced to a minimum of two (2) years.”

In _____, _____, _____, 20____.
City State Date

Funeral Director