

NewBridge Life â Claims Form

DRAFT â FOR REVIEW PURPOSES ONLY

Policy Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed form to:

NewBridge Life

Attn: Policy Services

New York, NY

Or email: [hello@newbridgelife.com](mailto:hello@newbridgelife.com)