



TheStandard®

Standard Insurance Company  
Life Benefits Department  
PO Box 2800 Portland OR 97208 800.628.8600 Tel

**University of Colorado  
Life Insurance Benefits  
Application Instructions**

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**PLEASE READ CAREFULLY**

The application for life insurance benefits consists of the forms included in this packet, as well as the additional information noted under item 1 below. Please fill out every space on the Proof of Death form to avoid delays in our examination of your application for benefits. If a section does not apply, or information is not available, please write "NONE" in the space, so that we know you did not overlook the particular question. **If an incomplete form is received, it may be returned for completion.**

**1. Include the following information with the Proof of Death form.**

- Beneficiary Statement(s).  
*(See attached. If there is more than one beneficiary, please make a copy of the front and back of the statement.)*
- Certified death certificate.
- The two most recent enrollment forms and change of beneficiary cards.
- For AD&D and Seat Belt claims, attach newspaper clippings, police or accident reports, and any other information available regarding the accident.

**2. Please have the Beneficiary(ies) carefully read and complete the Beneficiary Statement which contains information about taxes and the Standard Secure Access account.**

Beneficiaries may receive their funds via Standard Secure Access (SSA) in accordance with the terms of the group policy. SSA is a convenient, interest-bearing checking account in which life insurance proceeds are deposited. With SSA, the Beneficiary is able to earn interest on the life insurance proceeds while taking the time to weigh important financial decisions that often follow the death of a loved one.

The Beneficiary will be mailed a checkbook once the claim is approved. In addition, all SSA accountholders have access to 24-hour customer service via a voice response unit (VRU) and a dedicated customer service team.

Please make sure all required forms are completed and returned to our office. Our examination of the claim will begin when all completed forms are received. Should you have questions, our office is available to assist you. Please call **(800) 628-8600** or email us at **lifebenefits@standard.com**.

*Forms may be returned for unanswered questions.*

| Name of Deceased:   |                     |                               |                                 | Effective Date of Member's Insurance:   |   |
|---|---------------------|-------------------------------|---------------------------------|---|---|
| Social Security No.:  |                     |                               |                                 | Hire Date:  |   |
| Date of Birth:  |                     |                               |                                 | Date member was last actively at work:  | Had Employment Terminated Prior to Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Date of Death:  |                     |                               |                                 | Reason member ceased working:<br><input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Other (explain) _____ |   |
| If Dependent Claim, Name of Member:   |                     |                               |                                 | Last month premium was paid for member or dependent:  |   |
| Employer:<br><input type="checkbox"/> University of Colorado <input type="checkbox"/> UPI <input type="checkbox"/> ULEHI  |                     |                               |                                 |   |   |
| Group Policy No.:   |                     | Insurance Class (see policy): |                                 | Annual salary:  |   |
| <b>399101</b>   |                     |                               |                                 | \$  |   |
| Occupation:   |                     |                               |                                 | Date of last salary increase:   |   |
| Amount of insurance claimed:  |                     |                               |                                 | Salary prior to increase:   |   |
| Basic Life \$ _____   |                     | Dependents Life \$ _____      |                                 | \$  |   |
| Optional Life \$ _____  |                     | Other (specify) \$ _____      |                                 | Usual number of hours employee worked per week:   |   |
| Accidental Death \$ _____   |                     |                               |                                 | Amount of monthly premium paid for the insured:   |   |
| Member also had the following claims with Standard Insurance Company: (check all that apply)  |                     |                               |                                 | Member was: (check all that apply)  |   |
| <input type="checkbox"/> Long Term Disability<br><input type="checkbox"/> Short Term Disability<br><input type="checkbox"/> Waiver of Premium   |                     |                               |                                 | <input type="checkbox"/> Active <input type="checkbox"/> Retired  |   |
| Name of Beneficiary   | Social Security No. | Relation                      | Date of Birth                   | Address*  | Phone   |
|   |                     |                               |                                 |   |   |
|   |                     |                               |                                 |   |   |
|   |                     |                               |                                 |   |   |
| <b>*If the mailing address is a PO Box, we must have a street address in addition to the PO Box mailing address.</b>  |                     |                               |                                 |   |   |
| Remarks:  |                     |                               |                                 |   |   |
| <p><b>In addition to this form, the following items are required.</b></p> <ul style="list-style-type: none"> <li>● The oldest and most recent enrollment/change form you have on file.</li> <li>● Certified death certificate.</li> <li>● The most recent change of beneficiary card.</li> <li>● For AD&amp;D and Seat Belt Claims, newspaper clippings, police and accident reports, or other information regarding the accident.</li> </ul> |                     |                               |                                 |   |   |
| <b>Acknowledgement</b>  |                     |                               |                                 |   |   |
| I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 3 of this form.   |                     |                               |                                 |   |   |
| Signature of Benefit Administrator  |                     |                               | Date                            |   |   |
| _____   |                     |                               | _____                           |   |   |
| Benefit Administrator's Name (Please print)   |                     |                               | University of Colorado          |   |   |
| _____   |                     |                               | Name of Employer or Association |   |   |
| _____   |                     |                               | _____                           |   |   |
| Campus Address  |                     |                               | _____                           |   |   |
| _____   |                     |                               | _____                           |   |   |
| City  |                     |                               | State                           |   | Zip Code  |
| _____   |                     |                               | _____                           |   | _____   |
| Phone No.   |                     |                               | _____                           |   |   |
| _____   |                     |                               | _____                           |   |   |

**Payments will be sent directly to the beneficiary.**

Some states require us to provide the following information to you:

**ALABAMA, MARYLAND AND RHODE ISLAND RESIDENTS**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA RESIDENTS**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO RESIDENTS**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA RESIDENTS**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NEW JERSEY RESIDENTS**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW YORK RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**ALL OTHER RESIDENTS**

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

**Tax Information**

Under the Federal Income Tax law, we are required to request that you (*as the payee*) provide Standard Insurance Company (*as payor*) with your correct Social Security Number or Taxpayer Identification Number.

Please read and complete the following information in order to comply with Federal Income Tax law.

**Certification — Under Penalties Of Perjury, I Certify That:**

1. The number shown on this form is my correct Social Security/Taxpayer Identification Number (*or I am waiting for a number to be issued to me*), **and**
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions** — You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**Method Of Payment —**

**1. Payment by Check**

Funds under \$25,000, and for policies issued in and for residents of California, Florida, Kentucky, Louisiana, Maryland and Rhode Island, payment will be made in a lump sum, by check to the policyholder unless requested otherwise.

**2. Payment by SSA**

**Beneficiaries may receive their funds of \$25,000 and above via Standard Secure Access (SSA) in accordance with the terms of the group policy. SSA is a convenient, interest-bearing checking account in which life insurance proceeds are deposited. With SSA, you are able to earn interest on the life insurance proceeds while taking the time to weigh important financial decisions that often follow the death of a loved one.**

The Beneficiary will be mailed a checkbook, once the claim is approved. In addition, all SSA accountholders have access to 24-hour customer service via a voice response unit (VRU) and a dedicated customer service team.

If you decide to assign a portion of your benefits to a funeral home, please include a notarized assignment form (*supplied by the funeral home*) and an itemized copy of the funeral bill. A separate check for the amount of the assignment will be delivered directly to the funeral home.

**Acknowledgement**

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 6 of this form.

|  |  |                                   |                              |
|--|--|-----------------------------------|------------------------------|
| _____<br>Signature of Beneficiary ( <i>please use dark ink and sign as you would a check</i> ) |  | _____<br>Relationship to Deceased |                              |
| _____<br>Name ( <i>please print</i> )  |  | _____<br>Date of Birth            |                              |
| _____<br>Social Security Number ( <i>required</i> )  |  |                                   |                              |
| _____<br>Mailing Address ( <i>if this is a PO Box, a street address is required</i> )          |  | _____<br>City                     | _____<br>State      Zip Code |
| _____<br>Street Address ( <i>only if your mailing address is a PO Box</i> )                    |  | _____<br>City                     | _____<br>State      Zip Code |
| _____<br>Work Phone No.  |  | _____<br>Home Phone No.           |                              |

**This Portion For Use By Standard Insurance Company Only**

|   |   |
|---|---|
| Claim No.(s) _____  | Policy No.(s) <b>399101</b>                           |
| Deposit Amount \$ _____   | Division 037                      Sub 107             |
| Code    402 <input type="checkbox"/> 403 <input type="checkbox"/> 404 <input type="checkbox"/> 405 <input type="checkbox"/> 406 <input type="checkbox"/> 407 <input type="checkbox"/> | <input type="checkbox"/> M <input type="checkbox"/> F |
| _____<br>Transmittal Date   | _____<br>Authorized Signature                         |

|                     |                                 |
|---------------------|---------------------------------|
| <b>Policyholder</b> | Name of Deceased: _____         |
| <b>Use Only</b>     | Group Policy No.: <b>399101</b> |

**Standard Secure Access (SSA) Account:**

The SSA Account is a money market checking account. Checks drawn on the SSA Account are payable through The Northern Trust Company, Chicago, Illinois. Checks for \$250 or more may be written against the account balance using special checks provided. There is no limit on the number of checks that can be written against the balance of the account. A check for the full balance may be written at any time. If at any time the account balance falls below \$500, the account automatically will be closed at the end of that month. The final account balance, including interest credited, will be provided by mail.

The SSA Account funds begin earning interest the day they are deposited, with interest compounded daily and added to the account on the last day of the month. The account accrues interest based on the 13-week U.S. Treasury Bill auction rate. Principal and any interest earned are fully guaranteed by The Standard. The interest earned on the SSA Account may be taxable. A personal tax and/or legal advisor should be consulted with questions related to tax issues, and a financial advisor should be consulted for information about other investment opportunities.

An SSA Account statement showing the beginning balance, any withdrawals, interest credited, special service charges if any and the current interest rate that the account is earning is provided monthly by mail.

The SSA Account has no monthly service fees, no per check charges and no charge for additional checks. However, there may be special fees for some services. The current special fees are: \$25.00 for each check returned by the bank as unpaid, such as a check written for more than the account balance; and \$25.00 per check for each Stop Payment order. These fees will be deducted from the account balance and will appear on the monthly statement. The fees are applicable from the date of this disclosure and may change in the future.

Depositing the total proceeds in an SSA Account fully discharges The Standard's obligation under the group life insurance policy. Additional deposits cannot be made to an SSA Account.

The Beneficiary will be mailed a checkbook once the claim is approved. In addition, all SSA accountholders have access to 24-hour customer service via voice response unit (VRU) and a dedicated customer service team.

The account is not insured by the Federal Deposit Insurance Corporation (FDIC). The National Association of Insurance Commissioners (NAIC) advises that you can contact the National Organization of Life and Health Insurance Guarantee Associations at [www.nolhga.com](http://www.nolhga.com) for information about coverage and limitations for retained asset accounts by State Guaranty Associations.

While accountholders may choose not to withdraw any portion of these proceeds from their account, they must keep the account active. We will contact accountholders periodically to confirm that they wish to maintain their account. If we do not receive a response, the account may become dormant and presumed abandoned, after which the proceeds may be transferred to the accountholder's state treasurer's office, and the accountholder will need to file a claim with the state to get the proceeds back.

If there are questions, please contact The Standard Life Benefits Department, PO Box 2800, Portland, OR 97208-9929, or call 800.628.8600.

Some states require us to provide the following information to you:

**ALABAMA, MARYLAND AND RHODE ISLAND RESIDENTS**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA RESIDENTS**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO RESIDENTS**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA RESIDENTS**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NEW JERSEY RESIDENTS**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW YORK RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**ALL OTHER RESIDENTS**

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.



TheStandard®

## Standard Secure Access Confirmation Certificate

Standard Insurance Company agrees to retain the opening balance and to credit interest and allow checking privileges in accordance with the terms and conditions outlined on the back of this certificate.

Checks drawn on the Standard Secure Access account are payable through The Northern Trust Company, Chicago, Illinois, or any successor bank appointed by The Standard.

If you have any questions, please call:

800.343.2551

Or write to us at:

Standard Secure Access Account

PO Box 92987

Chicago IL 60675-2987

**Standard Insurance Company**

Possession of this Confirmation Certificate does not necessarily mean you are an accountholder.



# Standard Secure Access

## Terms and Conditions

### Ownership Rights

You are the owner of this account. The owner alone has the right to write checks against the account balance and to exercise all the rights and privileges provided by this account or allowed by Standard Insurance Company ("The Standard").

### Effective Date

The effective date is the date the account was established.

### Interest

Interest is earned on your account from the effective date at a rate based on the 13-week Treasury Bill auction rate but not to exceed 5% and as shown on your monthly statement. Interest is compounded daily and is credited to your account on the last day of the month. Principal and any interest earned in the Standard Secure Access account are fully guaranteed by The Standard.

### Minimum Balance Requirements

If at any time the account balance falls below \$500, the account automatically will be closed at the end of that month. The final account balance, including interest credited, will be mailed to you.

### Minimum Check Amount

You may write checks for \$250 or more against your account balance using the special checks provided to you. There is no limit on the number of checks you can write against the balance of your account.

### Statements

Each month you will receive a statement of your account by mail showing your beginning balance, any withdrawals, interest credited, special service charges if any (see Special Fees section) and the interest rate that your account is earning. Canceled checks are not returned with your account statement but are available at no cost.

### Special Fees

Basic Services on your account are provided to you at no cost. There are no monthly services fees, no per check charges and no charge for additional checks. There are special fees for special services you may incur. The current special fees are:

- \$25.00 for each check returned by the bank as unpaid, such as a check written for more than your account balance
- \$25.00 per check for each Stop Payment order

### Rules and Regulations of the Bank

Checks drawn on Standard Secure Access accounts are payable as drafts through The Northern Trust Company, Chicago, IL. Your Standard Secure Access account is also subject to applicable banking laws and regulations.

### Deposits

Additional deposits cannot be made into this account.

### Assignments

No assignment of the Standard Secure Access account will be permitted. Any attempted assignment will not be binding on The Standard, its third party administrator or any successor administrator.

### Changes in Terms and Conditions

The Standard reserves the right to terminate this program, make changes to the terms and conditions and change the commercial bank being used as a clearing facility. If termination occurs or such changes are made, The Standard will notify you of the changes. All agreements made by The Standard are signed by an officer of The Standard. No other person can change or waive any of the conditions of this certificate or make any agreement that will be binding upon The Standard.

Standard Insurance Company



Greg Ness, President and CEO