



The Standard[®]

Standard Insurance Company
Life Benefits Department
800.628.8600 Fax 888.414.0389 Questions Lifebenefits@standard.com
PO Box 2800 Portland OR 97208

The California State University Life Insurance Benefits Application Instructions

For use in: CA, FL, KY, LA, MD, RI

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.**

Note: original documents will not be returned.

1. **Life Insurance Benefits Proof of Death Form.** This form must be completed by the Employer. To expedite processing, you may bypass this form and submit the claim directly online. When submitting the claim, please include the following supporting documents:

- Life Insurance Benefits Beneficiary Statement(s).
- Copy of the death certificate.
- Copies of all enrollment forms and beneficiary designations.
- For AD&D claims, attach copies of news articles, police or accident reports, and any other information available regarding the accident.

2. **Life Insurance Benefits Beneficiary Statement.** Please have the beneficiary 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.

3. **Submit the Claim Packet.** 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. You may send the completed forms to our office using one of the following methods:

- Online (Preferred method for faster processing)
Go to www.standard.com
Log In or Create an account and select **Go to the Portal**
- Email:
lifepro@standard.com
- Mail:
Life Benefits
PO Box 2800
Portland OR 97208
- Fax:
888.414.0389

4. **Need Help?** If you have any questions or need assistance, please contact our office at 800.628.8600 or email us at lifebenefits@standard.com

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The California State University
 Life Insurance Benefits
 Proof of Death Claim Form

Please type or print. Forms may be returned for unanswered questions.

Name of Deceased:		Effective Date of Member's Insurance:			
Social Security No.:		Date of Membership/Employment:			
Date of Death:	Date of Birth:	Date Member was last actively at work:			
CLAIM TYPE: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child		Had Member's employment terminated prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____			
Name of Member:		Reason Member ceased working: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Other (explain) _____			
Group Policy No.: <input type="checkbox"/> 603267 (Basic) <input type="checkbox"/> 101770 (Voluntary)		Premiums paid through month of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date: _____			
Occupation:	Insurance Class: (see Group Policy)	Monthly or annual salary: \$	Date of last salary increase:		
Does Age Reduction apply? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary prior to increase: \$	Date of prior salary increase:		
Amount of Insurance Claimed: (Please apply Age Reduction if applicable)		Usual number of hours worked per week:			
Basic Life \$ _____ Accidental Death \$ _____ Voluntary Life \$ _____ Dependents Life \$ _____ Other (specify) \$ _____		Amount of monthly premium paid for the insured: \$			
If Accidental Death, please provide: <input type="checkbox"/> Authorization Form <input type="checkbox"/> Police Incident Report (if applicable) <input type="checkbox"/> Autopsy/Toxicology (if applicable)		Member was: (check all that apply)			
Member also had the following claims with Standard Insurance Company: (check all that apply)		<input type="checkbox"/> Full-time <input type="checkbox"/> Union <input type="checkbox"/> Hourly <input type="checkbox"/> Part-time <input type="checkbox"/> Non-Union <input type="checkbox"/> Salaried <input type="checkbox"/> Commissioned <input type="checkbox"/> Active <input type="checkbox"/> Retired			
<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Waiver Of Premium					
Name of Beneficiary	Social Security No.	Relationship	Date of Birth	Address*	Phone
*If the mailing address is a PO Box, we must have a street address in addition to the PO Box mailing address.					
Remarks:					
In addition to this form, please submit the following items to avoid claim delays: (Note: original documents will not be returned)					
<ul style="list-style-type: none"> Beneficiary Statement. Copies of enrollment forms and beneficiary designations. If no beneficiary information on file, please note in remarks box. Copy of death certificate. 			<ul style="list-style-type: none"> For Accidental Death claims, if reports are not available when a claim is submitted, The Standard will attempt to order reports directly. If annual earnings include commissions or bonuses, please include supporting documentation. 		
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 3 of this form.					
Signature of Benefit Administrator		Date		The California State University	
Benefit Administrator's Name (Please print)				Name of Employer or Association	
(_____) _____				Street Address	
Phone No. _____				City _____ State _____ Zip Code _____	
Email _____					

Payments will be sent directly to the beneficiary unless requested otherwise.

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 false or fraudulent information to obtain or amend insurance coverage or to make a 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 HAMPSHIRE RESIDENTS

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 MEXICO RESIDENTS

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

TEXAS RESIDENTS

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.

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.

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The California State University
Life Insurance Benefits
Beneficiary Statement

AGREEMENT

I am claiming my share of the proceeds available under the Standard Insurance Company policy or policies. I agree that this Beneficiary Statement, a copy of the insured's death certificate and all other documents required by Standard Insurance Company in regard to my claim shall serve as proof of death of the insured. I also agree that, by providing this form, Standard Insurance Company does not waive any of its rights or defenses in regard to the payment of my claim.

IMPORTANT TAX INFORMATION

Taxpayer Identification Number — The Federal government requires us to report interest we pay you. Therefore, we are required to obtain your Social Security Number or Employer Identification Number, which you must certify under penalties of perjury. If you fail to supply us with an identification number, the Federal government requires us to withhold a portion of your interest as a deposit against the taxes that may be due.

Certification — Under Penalties Of Perjury, I Certify That:

- 1. My Social Security Number or Employer Identification Number shown on this form is my correct Taxpayer Identification Number; 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; and
3. I am a U.S. person (includes a U.S. resident alien); and
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions — You must check this box if the IRS has notified you that you are subject to backup withholding. []

If you are not a U.S. citizen, U.S. resident alien or other U.S. person, you must submit the applicable Form W-8 to certify your foreign status and, if applicable, claim treaty benefits.

We may contact you for more information if there are any questions about your Taxpayer Identification Number or backup withholding status, or if you are a non-resident alien or foreign entity.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

METHOD OF PAYMENT

Please read the information on page 5 and then mark the box below for the payment option you would like to select. If a payment option is not selected below, the payment will be made in accordance with the Group Policy unless payment by check is required by state law, regulation or direction.

- [] Standard Secure Access (SSA) Account
[] Lump Sum Check
[] Installments (NOTE: This option is subject to the policy terms and Standard Insurance Company's agreeing to pay installments. Please contact us before selecting this option.)

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.

For Beneficiary Use Only: Name of Deceased _____ Group Policy Number (if known) [] 603267
[] 101770

ACKNOWLEDGEMENT AND SIGNATURE

Name (please print) _____ Date of Birth _____
Beneficiary's Social Security No./Employer Identification No. (required) _____ Relationship to Deceased _____
Mailing Address (if this is a PO Box, a street address is required) _____ City _____ State _____ Zip Code _____
Street Address (only if your mailing address is a PO Box) _____ City _____ State _____ Zip Code _____
Cell/Work Phone No. _____ Home Phone No. _____ Email Address _____

You can submit this completed statement via email at lifepro@standard.com.

Please keep in mind that communications via email are not secure. While unlikely, there is a possibility that information can be intercepted in transmission or misdirected and read by other parties besides the person to whom it is addressed. Please consider communicating any sensitive information by fax, or mail.

I certify that the statements made above 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.

Signature of Beneficiary/Representative (please use dark ink and sign as you would a check) If signature is provided by legal representative (e.g., Attorney in Fact, guardian or conservator), please attach documentation of legal status. _____ Date _____

You may select one of the following Payment Options, subject to the policy terms. Please read the information below and indicate on the Beneficiary Statement which method of payment you would like to select.

1. 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.

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.

If this option is selected, 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 Association at 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.

2. Lump Sum Check

3. Installments:

Under this payment option, insurance proceeds are deposited into an annuity and the beneficiary receives periodic payments from that annuity. This option is subject to the policy terms and The Standard's agreeing to pay installments.

If there are questions about any of the payment options noted above, please contact The Standard Life Benefits Department, PO Box 2800, Portland, OR 97208-9929, or call 800.628.8600.

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