

# Standard Insurance Company

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

City of Los Angeles  
Employee Benefits Division  
Attn: Life Insurance Claims  
200 N Spring Street, Room 867  
Los Angeles, CA 90012

## City of Los Angeles Life Insurance Benefits Beneficiary Statement

For general questions regarding the completion of the Beneficiary Statement as well as general claim process questions, please call (toll free) 844.505.6025.

### 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 photocopy 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 2 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) **630363**

### ACKNOWLEDGEMENT AND SIGNATURE

Name (please print) _____		Employee/Member's Name (please print) _____		Beneficiary's Date of Birth _____	
Beneficiary's Social Security No./Employer Identification No. (required) _____			Relationship to Employee/Member _____		
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 _____			

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 3 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 \_\_\_\_\_

# Standard Insurance Company

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

City of Los Angeles  
Employee Benefits Division  
Attn: Life Insurance Claims  
200 N Spring Street, Room 867  
Los Angeles, CA 90012

For general questions regarding the completion of the Beneficiary Statement as well as general claim process questions, please call (toll free) 844.505.6025.

## City of Los Angeles Life Insurance Benefits Benefit Payment Options

**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](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.

### **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.

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.