



TheStandard®

Standard Insurance Company – CTA Benefits and Services  
PO Box 2773 Portland OR 97208  
Tel 800.522.0406 Fax 888.414.0390

**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. 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.)*
- Photocopy of the death certificate.
- Copies of all enrollment forms and change of beneficiary cards.
- For AD&D and Seat Belt claims, attach photocopies of 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 e-mail us at [lifebenefits@standard.com](mailto:lifebenefits@standard.com).

# Standard Insurance Company

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## Life Insurance Benefits Proof of Death Claim Form

*Forms may be returned for unanswered questions.*

Name of Deceased:				Effective Date of Participant's Insurance:	
Social Security No.:				Date of Membership/Employment:	
Date of Birth:				Date participant was last actively at work:	Had employment terminated prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Date of Death:				Reason participant ceased working: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Other (explain) _____	
If Dependent Claim, Name of Participant:				Premiums paid thru month of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group Policy No.:	CTA Chapter:			School District:	
Building/Work Site:				Occupation:	
Amount of insurance claimed:					
District Paid Life \$ _____		Supplemental Life \$ _____		Voluntary Life \$ _____	
Dependents Life \$ _____		Accidental Death \$ _____		Other (specify) \$ _____	
Participant also had the following claims with Standard Insurance Company: (check all that apply) <input type="checkbox"/> Waiver of Premium				Participant was: (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	
<b>Name of Beneficiary</b>	<b>Social Security No.</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Address*</b>	<b>Phone</b>
<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: (Note: original documents will not be returned)</b></p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>Beneficiary Statement.</li> <li>Photocopies of enrollment forms and any subsequent beneficiary changes.</li> </ul> <ul style="list-style-type: none"> <li>Photocopy of death certificate.</li> <li>For AD&amp;D and Seat Belt Claims, photocopies of newspaper clippings, police and accident reports, or other information regarding the accident.</li> </ul> </div> <p><b>Acknowledgment</b></p> <p>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.</p>					
Signature of Benefit Administrator			Date	Name of Employer or Association	
Benefit Administrator's Name (Please print)			Street Address		
(_____) _____ Phone No.			City	State	Zip Code
<b>Payments will be sent directly to beneficiary unless requested otherwise.</b>					

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.

# Standard Insurance Company

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## 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 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 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) \_\_\_\_\_

### 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 _____	

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](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.

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