TheStandard®

The Standard Life Insurance Company of New York
800.378.6059 Tel
PO Box 5180 Portland OR 97208

Life Insurance Benefits Application Instructions

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 "NA" in the space, so that we know you did not overlook that 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.
- All original 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.

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 800.378.6059 or e-mail us at nylifebenefits@standard.com.

Reset

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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 Member's Insurance:
Soc. Sec. No.:	Date of Membership/Employment:
Date of Birth:	Date Member was last actively at work:
Date of Death:	Reason Member ceased working: ☐ Death ☐ Illness ☐ Other *(explain)* _____
Name of Member *If Dependent Claim*:	Last month premium was paid for Member or Dependent:
Group Policy No.:	Monthly or annual salary: $
Insurance Class *(see contract)*:	Date of last salary increase:
Occupation of Member:	
Amount of insurance claimed: Basic Life $ _____ Dependents Life $ _____ Additional Life $ _____ Other *(specify)* $ _____ Accidental Death $ _____	Salary prior to increase: $ Usual number of hours employee worked per week: Amount of monthly premium paid for the insured:
Member also had the following claims with The Standard *(check all that apply)* ☐ Long Term Disability ☐ Waiver of Premium ☐ Short Term Disability	Member was: *(check all that apply)* ☐ Full-time ☐ Union ☐ Hourly ☐ Part-time ☐ Non-Union ☐ Salaried ☐ Commissioned ☐ Active ☐ Retired

Name of Beneficiary	Relation	Date of Birth	Address	Phone

Remarks:

In addition to this form, the following items are required:

- Beneficiary Statement.
- Original enrollment forms and any subsequent beneficiary changes.
- Certified death certificate.
- For AD&D and Seat Belt claims, newspaper clippings, police and accident reports, or other information regarding the accident.

Fraud Notice – 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.

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 above fraud notice.

Signature of Benefit Administrator Date

Name of Employer or Association

Benefit Administrator's Name *(please print)*

Street Address

(_____) _____
Phone No.

City State Zip Code

Payments are sent to policyholder unless otherwise requested.

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Life Insurance Benefits
Beneficiary Statement

Please type or print.

AGREEMENT

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

IMPORTANT TAX INFORMATION

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

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number *(or I am waiting for a number to be issued to me)*, **and**
2. I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding.

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

Fraud Notice – 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.

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 above fraud notice.

_____ _____
Signature of Beneficiary (please use dark ink and sign as you would a check) *Relationship to Deceased*

_____ _____
Please Print Name *Date of Birth*

_____
Social Security No. (required)

_____ _____
Address *City* *State* *Zip Code*

(_____) _____ (_____) _____
Work Phone No. *Home Phone No.*

Policyholder Use Only

Name of Deceased: _____

Group Policy No.: _____

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