

Group Life Claim Package

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‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.

Employer Instructions for Filing a Group Life Insurance Claim

Remove this page and the *Group Policyholder's Statement*

- Complete the *Group Policyholder's Statement* in full. Missing or incomplete information can delay processing of the claim.
- Include a copy of the enrollment form or beneficiary designation form.
- In this packet, "Insurer" refers to the insurance company of your group life plan: Standard Insurance Company, The Standard Life Insurance Company of New York

Give the beneficiary the remaining pages of this package

- The beneficiary must complete the *Beneficiary Claim Form* in full and return it to The Standard.
- If there is more than one beneficiary, each one must complete a separate form.
- The beneficiary must submit a death certificate. Only one death certificate is needed. The "Death Certificate" section describes what to submit.
- If the beneficiary has a funeral home assignment, please have them include the assignment with the claim form.
- If the claim is being filed by an Executor or Administrator of an Estate, he or she must sign the *Beneficiary Claim Form*, enter the Estate's Tax ID number and include copies of the appointment papers.

Death Certificate

We can accept a photocopy of the certificate in most cases.

We may find there are circumstances that are specific to the claim that will require an original certified death certificate. If so, we will contact you and the beneficiary as quickly as possible to let you know.

If the beneficiary wants to make a funeral home assignment, please have him/her contact the funeral home directly for details.

Check list of information to send:

- ☐ *Group Policyholder's Statement*
- ☐ Enrollment form/beneficiary designation (if you enroll or designated beneficiaries on-line you may send a screen print)
- ☐ *Beneficiary Claim Form(s)*
- ☐ A copy of the death certificate
- ☐ Any Assignment you have been given.

Where to send

Life Claims Service Center
P.O. Box 2717
Portland, OR 97208-9830

You may also fax everything to us at 877-305-3901 or email to AL-Claims@standard.com. If you fax or email the claim and we require an original certified death certificate, you will need to mail the death certificate to us. Please call us with any questions at 800-552-2137.

Group Policyholder's Statement Not for use by beneficiaries

Any omissions may cause a delay in claim processing.

The Standard
Life Claims Service Center
P.O. Box 2717
Portland, OR 97208-9830
Phone: 800-552-2137 Fax: 877-305-3901
Email: AL-Claims@standard.com

Section 1: Policy and employer data

Group no.	OR	Case	Group	Suffix or division	
To whom do you wish us to direct all correspondence on this claim?					
Company	To the attention of		Email address		
Mailing address	City	State	ZIP code	Phone no.	Fax no.

Section 2: Employee data

Full name of insured employee		Social Security no.	Birthdate (MMDDYYYY)	Date employed (MMDDYYYY)	
Amount of Insurance		Rate of pay: \$ _____ per _____			
Type of insurance	Amount of insurance	Original date of insured's insurance with the Insurer: _____ (MMDDYY)			
Basic Life	\$	Job title: _____			
Optional/Additional Supplemental Life	\$	Class no. (per life insurance schedule): _____			
AD&D	\$	Date last worked: _____ (MMDDYY)			
Supplemental AD&D	\$	Date of death: _____ (MMDDYY)			
Total	\$	Had insurance been terminated prior to death? ☐ Yes ☐ No If yes, date: _____			
Was claim for Waiver of Premium or Permanent & Total Disability Benefits submitted prior to death? ☐ Yes ☐ No If yes, claim no.: _____					
Was insured considered a member/employee at the time of death? ☐ Yes ☐ No		Was death due or arising as a result of course of employment? ☐ Yes ☐ No			
Reason for ceasing work: ☐ Illness (including disability leave of absence) ☐ Leave of absence (other than disability) ☐ Quit ☐ Dismissed ☐ Vacation ☐ Temporary layoff ☐ Retired ☐ Deceased					

Section 3: Dependent data – Complete this section if this claim is for an insured dependent.

Full name of insured dependent	Social Security no.	Birthdate (MMDDYYYY)	Gender ☐ Male ☐ Female
Street address	City	State	ZIP code
Relationship to insured employee ☐ Husband ☐ Wife ☐ Child ☐ Domestic Partner If spouse, was he/she divorced or legally separated? ☐ Yes ☐ No			
If child, was he/she: Married? ☐ Yes ☐ No Employed? ☐ Yes ☐ No Full-time student? ☐ Yes ☐ No			
If employed, was employment? ☐ Full-time ☐ Part-time Date employed: _____ (MMDDYY)			
Date dependent insured under the Insurer: _____ (MMDDYY)		Was insurance terminated? ☐ Yes ☐ No If yes, date: _____	
Amount of dependent's insurance claimed \$ _____		Date of dependent's death: _____ (MMDDYY)	

Section 4: Accidental death claim information

If the group program provides an Accidental Death Benefit and death was due to an accident, please complete this section and attach copies of descriptive news articles and a police or coroner/medical examiner's report, if available.		
Date of accident or incident: _____ (MMDDYY)	Was the death due to injury arising out of and during the course of employment? ☐ Yes ☐ No	
The information given above is correct and complete according to our records. For New York residents, the following statement applies: 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 violation.		
Policyholder or Employer X	By (Signature and title of policyholder's authorized representative) X	Date (MMDDYYYY)

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

† The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features and availability vary by state and company and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

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The Standard
Life Claims Service Center
P.O. Box 2717
Portland, OR 97208-9830
Phone: 800-552-2137 Fax: 877-305-3901
Email: AL-Claims@standard.com

Dear Claimant:

Please accept our condolences on your recent loss. We realize that this is a difficult time for you and we will do our best to make sure that your experience with us is caring, professional and timely.

We know that during a confusing time like this, even simple decisions can seem huge. And no matter how well you may have prepared, you may feel that you are forgetting something important. So we have provided you with some information that may be of help.

Enclosed are two brochures. The first, "Losing a Loved One: A list of reminders," is a list of things that may need to be taken care of in the coming months, from dealing with pets to canceling credit cards.

The second brochure describes additional benefits that are available to you at no cost through our Resource Advisor program.

Finally, in order to better meet your needs and speed the processing of your claim, we want to make sure you understand our Access Advantage program. The Access Advantage account is a program that is provided to you without cost as an additional benefit. If you elect this option, life insurance proceeds of \$10,000 or more can be deposited into your Access Advantage account, which pays competitive interest rates on the balance in your account. It is also fully guaranteed by the Insurer. If you would prefer, you can elect to receive a lump sum check mailed directly to you.

If you elect the Access Advantage account, as soon as your claim is approved, we will send your Access Advantage account kit containing a supply of your drafts. Your funds will be immediately available to you. You will have the opportunity to withdraw money as you need it, leaving the balance earning interest at competitive rates, or you may withdraw the total amount — it is all based upon your needs. Please see the attached Access Advantage information sheet for complete details of the program.

If you have questions, we encourage you to call our Life Claims Service Center at our toll-free number: 800-552-2137. Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET.

Hopefully these resources will help with the many decisions and responsibilities that you may be facing at this time.

Sincerely,

Life Claims

Access Advantage Account Program Information

To give you time to make important financial decisions

How does the Access Advantage account work?

If you elect to have your benefit paid by an Access Advantage account, we will deposit your life insurance proceeds into an interest bearing draft account. We'll send you an account certificate showing the amount paid to you, the current interest rate and all details of your Access Advantage account.

You will receive drafts that give you immediate access to all of your life insurance proceeds. You can write as many drafts as you wish. The only requirement is each draft must be for at least \$250. There's no charge for the account or the drafts. There are fees for certain services: stop payment, copy of drafts, returned drafts and extra statements.

You'll receive a statement each month that you have activity in your account showing your balance, all drafts written, interest credited and the current effective annual percentage yield. If your account does not have any activity, you'll receive a statement each quarter.

You may use the drafts just as you would your local bank check. The only difference is that drafts clear through the Insurer's bank account at The Bank of New York Mellon in Pittsburgh, Pennsylvania rather than your personal account.

Your funds are secure

All funds in your Access Advantage account are fully guaranteed by the Insurer for as long as they remain in your account. The Insurer has consistently received a rating of "A (Excellent)," among the highest ratings, for our stability from A.M. Best.

The Access Advantage account is not a bank account and as such is not insured by the FDIC or backed or guaranteed by any federal government agency. The principal and interest earned under the account are fully guaranteed by the state guaranty association for your state of residency. You can contact the National Organization of Life and Health Guaranty Associations (www.nolhga) to learn more about the protection provided by the guaranty association in your state.

Competitive interest rates

Access Advantage accounts earn a competitive interest rate compounded daily.

The minimum interest rate we will pay is .75 percent (3/4 of 1%). Your account earns interest at a variable rate set by the Insurer. The interest rate is based on the current money market rate with adjustments to increase the rate based on comparison to similar account types offered in the industry. The balance in your account began earning interest from the day the account was opened. Interest will be posted to your account on the last business day of the month.

Your Access Advantage Account will also earn an additional interest payment six months from the date the account was opened, and again at the one-year anniversary. This additional interest payment is equal to .25 percent (1/4 of 1%) of the balance on the date it's paid. This additional interest payment is to thank you for continuing to keep your account with us.

How to Complete Your Beneficiary Claim Form

- If there is more than one beneficiary, each one must complete a separate form.
- You must submit a copy of the death certificate. Only one death certificate is needed.
- If you have a funeral home assignment, please include the assignment with your claim form.
If you want to make a funeral home assignment, contact the funeral home directly for details.
- If the claim is being filed by an Executor or Administrator of an Estate, he or she must sign the *Beneficiary Claim Form*, enter the Estate's Tax ID number and include copies of the appointment papers.

Death Certificate

You must include a copy of the death certificate with the *Beneficiary Claim Form*.

We may find there are circumstances that are specific to your claim that will require an original certified death certificate. If so, we will contact you as quickly as possible to let you know.

If you want to make a funeral home assignment, contact the funeral home directly for details.

Return the form and death certificate to The Standard

You can mail, email, or fax the form and death certificate to:

The Standard
Life Claims Service Center
P.O. Box 2717
Portland, OR 97208-9830
Fax: 877-305-3901
Email: AL-Claims@standard.com

Contacting us

If you have any questions, please call us at 800-552-2137 or email us at AL-Claims@standard.com.

Beneficiary Claim Form

The Standard
Life Claims Service Center
P.O. Box 2717
Portland, OR 97208-9830
Phone: 800-552-2137 Fax: 877-305-3901
Email: AL-Claims@standard.com

Please type or print.

For group policyholder use only

Group no.	Group/Employer name
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Section 1: Claimant/Beneficiary Information

Last name	First name	M.I.	Gender ☐ Male ☐ Female	Birthdate (MMDDYYYY)
Mailing address	City	State	ZIP code	Social Security no. (for estate, trust, etc., give TIN)
Email address	Home phone no.		Daytime phone no.	

In what capacity are you making this claim? ☐ Beneficiary ☐ Executor ☐ Trustee ☐ Other: _____

Claimant's relationship to the insured: ☐ Spouse ☐ Child ☐ Parent ☐ Other: _____

I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or I am exempt. **Cross out this statement if you have been so notified.**

Section 2: Information about the Insured (the Deceased)

Last name	First name	M.I.
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Section 3: Benefit Payment Option

Please select only one of the options listed below. If you do not choose a payment/settlement option, payment will be made to you in one lump sum check. Benefit amounts less than \$10,000 will be paid in a lump sum check.

- ☐ I would like to take control of my insurance proceeds and defer making long-term decisions while earning interest on the proceeds. I want the full amount of the insurance proceeds payable to me distributed, in a single distribution, into the Access Advantage account. I understand you'll mail me a supply of drafts with other materials about my account once my claim is approved. I can take all or part of the proceeds whenever I want by simply writing a draft for \$250 or more, and that the Insurer guarantees my account. Read the sheet "Access Advantage Account" for more information.
- ☐ I would like a check in the full amount of the insurance proceeds payable to me.

Section 4: Signature and Certification

I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number and Claimant's Backup Withholding status information in Section 1 is correct. I understand that my signature may be used for signature verification for my Access Advantage account and other purposes.

For New York residents, the following statement applies: 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 violation.

Signature X	Date (MMDDYYYY)
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By my signature above I acknowledge that I have read the appropriate fraud warning listed for my state, or if my state is not listed, the General Fraud Warning (see following page).

For use by the Insurer only

Examiner	Claim no.	Date approved/denied	Total (Benefit + Interest)
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Return this form and death certificate to The Standard.

If you have questions, call us at 800-552-2137.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

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The laws of some states require us to provide you with the following information

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

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: 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 fines and confinement in prison.

California: For your protection California law requires the following statement 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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 a 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.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

Hawaii: Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: 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 fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: 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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

New Mexico: 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: For New York residents, the following statement applies: 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 materials 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 violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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.

Rhode Island: 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 fines and confinement in prison.

Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

Texas: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

West Virginia: 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 fines and confinement in prison.

The Telephone Consumer Protection Act of 1991 (TCPA), the Federal Communications Commission's (FCC) regulations and interpretative orders implementing the TCPA, the Federal Trade Commission's (FTC) Telemarketing Sales Rule of 2003 (TSR), and parallel state laws (collectively referred to as the Telecommunications Laws) impose strict rules governing how the Insurer may place outbound telephone calls and send text messages for Sales and Non-sales purposes to individuals. In order to comply with the federal regulation, please provide below what numbers we can contact you on in regard to your claim.

Phone number you wish to be contacted on:

This phone is a: ☐ Cell phone ☐ Land line

Is this phone number registered on the National Do Not Call Registry? ☐ Yes ☐ No

Does the Insurer have permission to contact you on this number? ☐ Yes ☐ No

Signature X	Printed name	Date (MMDDYYYY)
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Access Advantage Account Program Information

To give you time to make important financial decisions

Life insurance proceeds usually aren't subject to income tax. The interest earned on your account may be taxable. We'll send you a 1099 statement each year to show the amount of interest your account earned in excess of \$10.00.

The insurer does not provide tax advice. Please consult a tax advisor for specific tax questions related to your Access Advantage Account.

If you'd like to know our current interest rate you can call us at 800-552-2137.

Important additional information

You can elect to have your benefit paid by a check instead of an Access Advantage account.

Claim payments of under \$10,000 and claim payments to a corporation or certain other entities usually are not eligible for an Access Advantage account. Under some circumstances we may be obligated to carry out a previously selected method of payment of your claim.

If the Beneficiary is an Estate or a Trust, the benefit will be paid by a check and not by the Access Advantage account. If the Beneficiary lives outside the United States, the benefit can only be paid by check.

If the Beneficiary is a minor, the benefit will be deposited into an Access Advantage account unless otherwise directed by a Guardian of the Estate or a court.

You're able to name a beneficiary for your account.

Some employers do not participate in the Access Advantage program, in which case you would be paid by check.

If your balance falls below \$250, we will close your account and send you a check for the balance including earned interest.

After an account remains inactive for two years or longer, we will attempt to contact you. If we don't receive a response from you within a reasonable time, your account balance may be transferred to the state according to your state's unclaimed property laws.

The insurer may derive income from the total gains received on the investment of the balance of funds in the account.

The Access Advantage account is not intended to be a long-term investment vehicle. The interest will be taxable to you as income. Please consult a tax advisor if you have a tax question. We cannot provide tax advice. Also, since the Access Advantage program was designed for life insurance benefits, you cannot make additional deposits into the account.

For further information, please contact your state department of insurance.

Losing a loved one: a list of reminders

Help is a phone call away with Beneficiary Companion

Beneficiary Companion, provided by Generali Global Assistance*, is a service that can help you with paperwork and phone calls when a loved one dies. It's available at no extra cost to you as long as you are named as the legal Executor of the estate. Beneficiary Companion will help you let third parties know of your loved one's death — people and companies that aren't immediate family or friends, like the phone company, bank and cable company. And they'll work to protect your loved one from identity theft. Call Beneficiary Companion at 866-295-4890.

Whether or not you're the executor of the estate, there's a lot you need to do. Use this checklist as a guide. It'll help you spend less time taking care of things and more time focusing on yourself and your loved ones.

What you should do immediately when a loved one dies

- Tell your family and close friends. Ask them to call others for you. Use the contact chart on the back of this sheet.
- Talk to your loved one's doctors. Should there be an autopsy? Was your loved one an organ/tissue donor?
- Find out if your loved one wrote a letter of intent or made arrangements for a funeral, cremation or burial. Were any services pre-paid?
- Contact the funeral home.

Funeral or memorial service planning

- Choose the kind of service you'd like to have and who should be billed. Be sure to check any information your loved one may have left.
- Gather your loved one's information so the funeral home can take care of a death certificate. You'll need your loved one's personal information, including birth date, home address and work background. You can also use this information for an obituary or paid death notice.
- Ask family and friends to tell others about of the service and to offer rides to anyone who might need one.
- Send an obituary or paid death notice to local papers and anywhere else you'd like to publish it.
- Get the advice of the funeral home to decide how many death certificates you'll need.
- If your loved one was a police officer or in the military, contact local representatives. They often provide special funeral services.

Family and household issues

- Figure out who will take care of your loved one's dependents.
- If your loved one had any pets, decide who will take them.
- If there are any outstanding bills due for the month like mortgage, rent or utilities, have someone pay them or decide how they will be handled.
- If the house is empty, arrange for a house sitter or put timers on the lights and TV. Plan for mail pickup and cancel newspaper delivery. Remove any valuables such as jewelry, small antiques and wallets.
- Find your loved one's calendar and cancel scheduled appointments.
- Cancel services such as meal deliveries, home health aides or volunteers.

*Generali Global Assistance is an independent company providing Beneficiary Companion services on behalf of the Insurer. Beneficiary Companion services are available to the beneficiary when the beneficiary is also named as the legal Executor of the estate.

Losing a loved one: a list of reminders

Personal and financial matters

- Find important documents, including:
 - Deeds
 - Disability claims
 - Financial records
 - Identification papers
 - Insurance policies
 - Licenses
 - Military certificates
 - Tax returns
 - Titles
 - Will or living trust
- Contact the attorney and/or executor named in the will to handle the probate court and estate matters.
- Check all insurance policies for death-related benefits.
- Transfer assets and property titles — like a car title — to your name if you're a surviving spouse, partner or dependent. Contact an accountant or tax advisor about how to file taxes now that your loved one is gone. If you need help preparing a budget or figuring out the value of your assets, ask.
- Open an individual bank account if you're a surviving spouse or partner.
- Find any safe deposit box(es).
- Contact insurance agents to change your policies and beneficiaries, if necessary.
- Cancel your loved one's individual credit cards; but don't remove the name from joint accounts for six months.
- Change all home utilities to your name if you shared a household with your loved one.
- Update your will and think about preparing your own funeral or memorial pre-arrangements.

Other benefits

- Find out if you're entitled to any benefits through social or fraternal organizations, unions, mortgage companies and credit cards.
- Tell Social Security of your loved one's passing and file for any death or survivor benefits that may apply: 800-772-1213.
- If your loved one was a veteran, contact the U.S. Department of Veterans Affairs for benefits: 800-827-1000 or va.gov.

Employment issues

- Contact your loved one's employer about benefits, unpaid compensation and retirement/investment accounts.
- Ask about any unused vacation or personal time, unpaid commissions or bonuses and anything else that might be owed to your loved one.

People to contact

Name	Phone number	Name	Phone number



Resource Advisor is here with help for life's issues.

Resource Advisor is a confidential member assistance program offering counseling, resources and services to you and your family members. The program includes up to three (3) sessions with a counselor per problem, via face-to-face, video, telephone or text, at no cost.

Support is available 24/7 by calling **888 209-7840** or visiting your member website: **carelonwellbeing.com/resourceadvisor**



You and your household members can receive personalized guidance and help with life's issues



Find a licensed counselor who meets your unique needs and book an appointment online



Get instant access to counseling support, as well as assistance with legal, financial and work life issues



Explore wellness resources that include articles, videos, and podcasts. New topics are updated monthly.

Find confidential counseling, resources and support services for you and your family to help with:

- Anxiety
- Depression
- Relationships
- Stress
- Work-life balance
- Substance Use
- Legal/Financial issues

888 209-7840

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