

Instructions for completing Housing Benefits Plan's death claim insured through The Standard

Note: This is a group policy, not an individual policy. The Standard does not have member data for group policies and would not be able to verify coverage if contacted. Once the form is submitted The Standard will verify coverage with Mercer.

There are two forms in this packet that must be completed, pages 2 and 4.

To complete page 2 you will need the following:

Your most recent Mercer bill

The deceased employee's enrollment form and any subsequent beneficiary changes. You should have this in the employee's file.

Your Life/AD&D certificate - A copy of your certificate can be found at Life/AD&D and LTD Certificates under the Resources tab on the HBP website, www.housingbp.com.

Completing page 2:

Group Policy No. 636748-D

Insurance Class (see contract) – This only applies if the claim is for an employee. If the claim is for a dependent leave this box blank.

For employees:

Look at page 1 of your Life/AD&D Certificate. If your housing authority has more than one class they will be listed under Definition of Member at the bottom on page 1. They may look something like this:

Class 1: Executive staff

Class 2: Supervisory positions

Class 3: All other Members

In this case, enter the appropriate class number and description from page 1 in the Insurance Class box on the form.

If your housing authority has one class, meaning all employees have the same coverage, there will not be any class listings under Definition of Member at the bottom of page 1.

In this case, enter "part of all employee coverage" in the Insurance Class box on the form.

The **Amount of Insurance claimed** for employee claims, can be found at the bottom of page 2 of the Life/AD&D Certificate under Life Insurance Benefit. For housing authorities with more than one class it may look something like this:

Class 1: \$40,000

Class 2: \$30,000

Class 3: \$25,000

In this case, enter the amount of coverage (according to your class) in the Amount of Insurance claimed box on the form. Enter this amount on the **Basic Life** line. If the death was due to an accident enter this amount again on the **Accidental Life** line. *If you are unsure as to which class you belong to, contact Mercer enrollment/billing.*

If your housing authority has one class there will be one amount listed at the bottom of page 2 of the Life/AD&D Certificate under Life Insurance Benefit. In this case, enter the amount of coverage in the Amount

of Insurance claimed box on the form. Enter this amount on the **Basic Life** line. If the death was due to an accident enter this amount again on the **Accidental Life** line.

If this claim is for a dependent you can find the **Amount of Insurance claimed** on the top of page 3 of your Life/AD&D Certificate.

In this case, enter the amount of coverage in the Amount of Insurance claimed box on the form. Enter this amount on the **Dependent Life** line.

Member also had the following claims with Standard Insurance Company: (check all that apply)

If the employee had a current long term disability (LTD) claim and/or a current short term disability (STD) claim check the appropriate boxes. Waiver of Premium applies to a disabled employee for which the Life/AD&D premium was already being waived prior to death. If this applies check the box.

Effective Date of Member's Insurance is the effective date of change found in the first section of the first page of the employee's enrollment form.

Date of Membership/Employment is the employee's date of hire and is also found in the first section of the first page of the employee's enrollment form.

Monthly or Annual Salary, Date of Last Salary Increase, and Salary Prior to Increase are not applicable. Please write N/A in each of those boxes.

Amount of Monthly Premium Paid for the Insured can be found on the latest Mercer bill. Enter the amount paid for Basic Life and add to that amount the AD&D premium if death was due to an accident.

At the bottom of the page under **Acknowledgement** complete the information listing the Executive Director as the benefit administrator and the housing authority as the employer.

Completing page 4:

Give a copy of page 4 to each beneficiary. Each needs to read the page carefully and then complete the bottom of the page listing at least one phone number by which the Standard can reach him/her if needed.

If the beneficiary decides to assign a portion of the benefits to a funeral home, a notarized assignment form and an itemized copy of the funeral bill (both provided by the funeral home) must be submitted.

The following completed items must be sent to the Standard using the mailing address at the top of the death claim form (page 2)

Proof of Death Claim Form (page 2)

Beneficiary Statement(s) (page 4)

Notarized assignment form and itemized funeral bill, if applicable

Photocopies of enrollment form and any subsequent beneficiary changes

Photocopy of death certificate

For AD&D and Seat Belt Claims photocopies of newspaper clippings, police and accident reports, or other information regarding the accident.

If you have questions for The Standard call 1-800-628-8600.

For any other questions or help with this form you may contact Susan or Daniel Strange.

318-377-9268

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