

## Forms Guide and Information

### Proof of Death Claim Form “POD”

This document is required to be completed by the authorized group representative on all life insurance claims, including dependent life insurance claims.

**Life Claim Packet with Benefit Payment Options - For Policyholders in CA, FL, KY, LA, MD & RI**

<https://www.standard.com/eforms/1794a.pdf>

**Life Claim Packet with Benefit Payment Options - For Policyholders in CA, FL, KY, LA, MD & RI - Spanish**

[https://www.standard.com/eforms/1794a\\_spu.pdf](https://www.standard.com/eforms/1794a_spu.pdf)

**Life Claim Packet**

<https://www.standard.com/eforms/1794.pdf>

**Life Claim Packet - Spanish**

<https://www.standard.com/eforms/1794spu.pdf>

**Life Claim Packet – For Policyholders in NY**

<https://www.standard.com/eforms/sny1794.pdf>

**Life Claim Packet – For Policyholders in NY – Spanish**

<https://www.standard.com/eforms/sny1794spu.pdf>

Please fill out every field on the Proof of Death claim form to avoid delays during the review process. Please refer to the Life Insurance Benefits Application Instructions page of the claim form if you have additional questions.

For further assistance completing the form, please contact your account manager with The Standard or email [lifebenefits@standard.com](mailto:lifebenefits@standard.com). Once the claim form is complete, you may email to [lifepro@standard.com](mailto:lifepro@standard.com).

<b>Beneficiary Statement Form</b>	<p>The Beneficiary Statement form is generally completed by the beneficiary but in some situations, it may be completed by the guardian of a minor/trustee/estate representative, etc.</p> <p>If this document is not available at claim submission, a Life Department representative will request it directly from the beneficiary(ies). Please include contact information for the beneficiary on the Proof of Death claim form. (i.e. name, Social Security number, date of birth, address, phone number and email address, if available.)</p>
<b>Enrollment Form</b>	<p>The Enrollment form is required by the Life Department to verify timely enrollment for contributory coverage(s).</p> <p>The Enrollment form is generally completed by the member at initial Enrollment and for any elective increases. (This can include an enrollment form from a prior carrier or payroll records showing coverage under the prior plan.)</p>
<b>Beneficiary Designation</b>	<p>This document is generally completed, signed and dated by the member designating a person or organization to receive the benefits in the event of his/her death. If no beneficiary designation exists, this must be noted in the remarks section of the Proof of Death claim form in order to prevent delays.</p> <p>For groups that have telephonic or electronic beneficiary designations, a screen shot of the designation is acceptable.</p>
<b>Death Certificate</b>	<p>A copy of the death certificate with final cause and manner of death is needed on all claims in order to establish proof of loss. Should the death certificate not be available at the time of the claim submission, a Life Department representative will request it from the family or the appropriate jurisdiction.</p>

## Funeral Assignment

Beneficiaries can authorize The Standard to pay for the deceased's funeral expenses from their portion of their benefit by executing a Funeral Assignment. The assignment must reference the deceased's name, policy number, group name and must be signed and dated by the age of majority beneficiary(ies).

In order to honor the funeral assignment, it should be submitted with the claim or referenced in the remarks section of the Proof of Death Claim Form.