DATE

BENEFICIARY NAME

BENEFICIARY ADDRESS

CITY, STATE, ZIP

RE: Standard Life Insurance for Beneficiary

Insured: NAME OF DECEASED

Policy #: 754414

Dear BENEFICIARY NAME:

We are sorry to learn of your loss and extend our sincere condolences. We understand this may be a difficult time for you. This letter is to inform you of your designation as a beneficiary on the life insurance policy.

In light of this loss, we need some information from you which we will forward to the Standard Insurance Company to process your claim. After you have received a certified copy of the Death Certificate, please send us the following documents (you may mail or email):

* Page 1 of 5, Beneficiary’s Statement. Please read, complete and sign.
* Photocopy of death certificate. We do not need an original copy.

Additional pages enclosed are for your information and do not need to be returned:

* Page 2 – Informational page only for you to review. Please do not return.
* Page 3 – Informational page only for you to review. Please do not return.
* Page 4-5 are pages which are Sample Letters you would receive if you qualify for the SSA payment mentioned on page 1.

Additional pages which are not being sent with this package:

* Page 1-3 of the Employers Statement are pages I will keep and will attach to the above-mentioned items when they are sent back to my attention.

Phone numbers you may want to keep available:

IPERS – (800) 662-3849 or (515) 281-0020

Retirement Investors Club – (866) 460-4692 or (515) 281-8677

Flex Spending Account – (515) 281-0569

If you have any questions, please contact me.

Sincerely,

HRA NAME

HRA TITLE

HRA AGENCY

HRA ADDRESS

CITY, STATE, ZIP

HRA PHONE NUMBER

HRA EMAIL ADDRESS