



Processing Life Insurance Claims

The State of Iowa's life insurance plan from Standard Insurance Company (policy #754414) provides the member's family financial protection in the case of death. If the member is a full-time benefit-eligible employee, the life insurance plan provides them with a basic term life insurance benefit, at no cost to the member. If the member purchased supplemental life insurance, additional benefits may be payable.

Additional information may be found on the **Life Insurance webpage**: <https://das.iowa.gov/state-employees/human-resources/employee-benefits-programs/life-insurance>

All life insurance forms and templates may be found on **the HR Info for HRAs webpage**: <https://das.iowa.gov/state-employees/human-resources/hr-info-hras>

If you have questions, please contact the LTD Plan Administrator at 515-281-8866 or email the LTD/Life claims inbox: claimsltdlife@iowa.gov

Scenario 1: Active Employee Passes Away	
Send the beneficiary a life claim packet with the following information	<ul style="list-style-type: none"> • Beneficiary Life Claim Letter Template • Beneficiary Statement (method of benefit payment) • In Your Time of Need Benefit Guide
Complete the Proof of Death Claim Form	<ul style="list-style-type: none"> • Proof of Death Claim Form (This is the Employer's Statement) • When listing Beneficiaries in the middle section of the claim, please only list the primary beneficiary. The secondary beneficiary should NOT be listed, unless you are certain that the primary is deceased. If listing the secondary beneficiary, please notate so. • When listing the address of the beneficiary, please only list the address if you are certain that it is accurate. If you are unsure if it is up to date, please leave the address blank. Please list any contact information that you are certain is current. This could include a phone number or an email.
Assemble the following employee documents (You will submit this documentation with the Proof of Death Claim Form)	<p>Attachments:</p> <ul style="list-style-type: none"> • Completed Beneficiary Statement (provided by beneficiary). • Photocopy of death certificate (provided by beneficiary). • Photocopies of enrollment forms and any subsequent beneficiary changes. • For AD&D and Seat Belt Claims, photocopies of newspaper clippings, police and accident reports, or other information regarding the accident.



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Acknowledgement & Signature of Employer	Please leave this section blank. DAS-HRE Life Insurance Administrator will review all documents and <u>must</u> sign the life claim, before it can be submitted to The Standard.
Send documents to the Life/LTD claims inbox: claimsltdlife@iowa.gov	<ul style="list-style-type: none">• Employer Statement (completed but NOT signed)• All Attachments

Scenario 2: Terminated Employee Passes Away and the family notifies you	
	The Standard will work directly with the beneficiary UNLESS the employee terminated within 90 days from the day they passed away. If they passed away within 90 days, please follow Scenario 1: Active Employee Passes Away listed above.
Complete the Proof of Death Claim Form	<ul style="list-style-type: none">• <u>Proof of Death Claim Form</u> (This is the Employer's Statement)• When listing Beneficiaries in the middle section of the claim, please only list the primary beneficiary. The secondary beneficiary should NOT be listed, unless you are certain that the primary is deceased. If listing the secondary beneficiary, please notate so.• When listing the address of the beneficiary, please only list the address if you are certain that it is accurate. If you are unsure if it is up to date, please leave the address blank. Please list any contact information that you are certain is current. This could include a phone number or an email.
Assemble the following employee documents (You will submit this documentation with the Proof of Death Claim Form)	Attachments: <ul style="list-style-type: none">• Photocopies of enrollment forms and any subsequent beneficiary changes.
Acknowledgement & Signature of Employer	Please leave this section blank. DAS-HRE Life Insurance Administrator will review all documents and <u>must</u> sign the life claim, before it can be submitted to The Standard.



Send documents to the Life/LTD claims inbox: claimsltdlife@iowa.gov	<ul style="list-style-type: none"> • Employer Statement (completed but NOT signed) • All Attachments
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Scenario 3: Former Employee who was Approved for Long Term Disability LTD Passes away and the family notifies you	
	The Standard will work directly with the beneficiary for the documents needed. If employee was on LTD prior to 01/01/17, please contact the Life Administrator at DAS-HRE.
Complete the Proof of Death Claim Form	<ul style="list-style-type: none"> • <u>Proof of Death Claim Form</u> (This is the Employer’s Statement) • When listing Beneficiaries in the middle section of the claim, please only list the primary beneficiary. The secondary beneficiary should NOT be listed, unless you are certain that the primary is deceased. If listing the secondary beneficiary, please notate so. • When listing the address of the beneficiary, please only list the address if you are certain that it is accurate. If you are unsure if it is up to date, please leave the address blank. Please list any contact information that you are certain is current. This could include a phone number or an email.
Assemble the following employee documents (You will submit this documentation with the Proof of Death Claim Form)	Attachments: <ul style="list-style-type: none"> • Photocopies of enrollment forms and any subsequent beneficiary changes.
Acknowledgement & Signature of Employer	Please leave this section blank. DAS-HRE Life Insurance Administrator will review all documents and <u>must</u> sign the life claim, before it can be submitted to The Standard.
Send documents to the Life/LTD claims inbox: claimsltdlife@iowa.gov	<ul style="list-style-type: none"> • Employer Statement (completed but NOT signed) • All Attachments