



## Death of Employee Checklist

- If the deceased is of retirement age (55+), use the [Regular Retirements Checklist](#). The deceased employee is eligible for the sick leave payout of up to \$2,000.
- If the deceased is not at retirement age, use the [Terminations Checklist](#).

If you have questions, please contact the appropriate person listed on page two of this form.

√ <b>Additional Steps to Process a Deceased Employee Benefits</b>	
<b>Notified of an employee's death.</b>	<ul style="list-style-type: none"> <li>• Obtain the contact's address, phone number, and email.</li> <li>• Ask the contact the best way to communicate with them during this difficult time. Share information in a manner they feel most comfortable with (example: email vs phone).</li> <li>• Check the beneficiary information in <a href="#">IowaBenefits</a>.</li> </ul> <p><b>Note:</b> The HRA can only talk to the beneficiary about life insurance – no one else.</p> <ul style="list-style-type: none"> <li>• Advise the beneficiary to contact IPERS (800-622-3849) as soon as possible to help ensure benefits are paid properly and timely.</li> <li>• Advise the beneficiary that EAP services are available to the deceased family members up to 30 days following the death of the employee. Provide KEPRO's phone number (800-833-3031).</li> </ul>
<b>Life Insurance</b>	
<b>1</b> Contact DAS Group Insurance Benefits Bureau.	<ul style="list-style-type: none"> <li>• Contact Rachel Wilson, Life, LTD, and COBRA Program Administrator, at 515-281-8866 or <a href="mailto:rachel.wilson@iowa.gov">rachel.wilson@iowa.gov</a>.</li> <li>• Rachel will provide:               <ul style="list-style-type: none"> <li>○ Sample cover letter and the <a href="#">Beneficiary Statement</a> to be sent to the beneficiary.</li> <li>○ Life Employer Statement to be completed by the HRA and a list of additional documentation needed.</li> </ul> </li> </ul>
<b>2</b> Send information to Beneficiary	<p>Send the beneficiary a life claim packet with the following:</p> <ul style="list-style-type: none"> <li>• Cover Letter (sample provided in email)</li> <li>• <a href="#">Beneficiary Statement</a></li> <li>• <a href="#">In Your Time of Need</a> Brochure.</li> </ul> <p>Request the Life Beneficiary Statement to be returned to your attention.</p>
<b>3</b> Complete <a href="#">Proof of Death Claim Form</a>	<p><b>Note:</b> When listing Beneficiaries in the middle section of the claim, please only list the primary beneficiary. Unless you are certain that the primary is deceased, the secondary beneficiary should <b>NOT</b> be listed. If listing the secondary beneficiary, please notate so.</p> <p><b>Note:</b> 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.</p> <p><b>Note:</b> Employer Representative Completing this Form:  <b>Please leave this section blank. DAS-HR Life Insurance Administrator must sign the life claim.</b></p>

4	Assemble supporting documents	Assemble the following employee documents: <ul style="list-style-type: none"> <li>• Completed Beneficiary Statement (provided by beneficiary).</li> <li>• Photocopy of death certificate (provided by beneficiary).</li> <li>• Photocopies of enrollment forms and any subsequent beneficiary changes.</li> <li>• For AD&amp;D and Seat Belt Claims, photocopies of newspaper clippings, police and accident reports, or other information regarding the accident.</li> </ul>
5	Send all documents to DAS-HRE, attention Life Claim.	Send all documents to DAS-HR, attention Life Claim. <ul style="list-style-type: none"> <li>• Employer Statement (completed but NOT signed)</li> <li>• All Attachments identified in Section 4 above.</li> </ul> <b>Important note:</b> DAS will send the claim to The Standard for the life insurance payout.

**COBRA**

*DAS will mail a COBRA Notification/ Election Form to the family within two weeks following the employee's last paycheck. If the family wants the COBRA information earlier:*

6	Send Cobra Notification/Election Form	<ul style="list-style-type: none"> <li>• Prepare and send the COBRA Notification/Election Form to the dependents.</li> <li>• Include with the Notification/Election Form:             <ul style="list-style-type: none"> <li>○ Health and dental premiums sheet</li> <li>○ Health application</li> <li>○ Dental application</li> <li>○ Health options side-by-side comparison</li> </ul> </li> </ul>
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**Flexible Spending Account**

7	Determine if the deceased had FSA funds available.	<ul style="list-style-type: none"> <li>• Check <a href="#">IowaBenefits</a> to see if the deceased had enrolled in flex for the current or previous year.</li> <li>• If so, contact Jenny Sandusky, Flex and RIC Program Administrator, at 515- 281-0569 or <a href="mailto:jennifer.sandusky@iowa.gov">jennifer.sandusky@iowa.gov</a>.</li> <li>• Jenny can check if any FSA dollars remain. If FSA funds are available, Jenny will send the Contact some information about how to submit a claim.</li> </ul>
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**Retirement Investors Club**

8	Determine if the deceased participated in RIC.	<ul style="list-style-type: none"> <li>• Check the <a href="#">deferred compensation system</a> (user id is your work email and password is your A&amp;A password) to see if the deceased participated in RIC.</li> <li>• If the deceased participated in RIC, provide the Contact with the RIC provider's phone number.</li> <li>• RIC providers: <a href="https://das.iowa.gov/RIC/SOI/providers">https://das.iowa.gov/RIC/SOI/providers</a></li> <li>• If the deceased left employment prior to death, contact Christi Patterson at 515-281-8677 or <a href="mailto:christi.patterson@iowa.gov">christi.patterson@iowa.gov</a> to report the death.</li> <li>• RIC sends dates of death to <a href="#">RIC providers</a> every two weeks. Upon receipt, the provider will reach out to the beneficiary directly to discuss next steps and option(s).</li> </ul>
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<b>Reed Group</b>		
<b>9</b>	Determine if the deceased was working with/reporting their time to the Reed Group.	If the employee was working with/reporting their time to Reed Group, notify Krissy Estabrooks, Program Administrator - Leave Programs, FMLA, Military Leave, Donated Leave & LWOP, at 515- 281-6207 or <a href="mailto:krissy.estabrooks@iowa.gov">krissy.estabrooks@iowa.gov</a> of the date of death and request she contact the Reed Group.
<b>Miscellaneous Payroll Deductions</b>		
<b>10</b>	Determine if the deceased was enrolled in the voluntary vision insurance.	If the employee was enrolled in the voluntary vision insurance program, notify Two Rivers Insurance Services at 877-963-9301 of the death of the employee.

<b>Death of an Employee – Points of Contact by Benefit</b>		
<b>Topic</b>	<b>Point of Contact Name</b>	<b>Contact Information</b>
COBRA	Rachel Wilson DAS, Human Resources Division	Phone 515-281-8866 Email <a href="mailto:rachel.wilson@iowa.gov">rachel.wilson@iowa.gov</a>
Flexible Spending Account	Jenny Sandusky DAS, Human Resources Division	Phone 515- 281-0569 Email <a href="mailto:jennifer.sandusky@iowa.gov">jennifer.sandusky@iowa.gov</a>
Life Insurance	Rachel Wilson DAS, Human Resources Division	Phone 515-281-8866 Email <a href="mailto:rachel.wilson@iowa.gov">rachel.wilson@iowa.gov</a>
IPERS	IPERS CALL CENTER	Phone 800-622-3849 Email <a href="mailto:info@ipers.org">info@ipers.org</a>
Reed Group	Krissy Estabrooks DAS, Human Resources Division	Phone 515-281-6207 Email <a href="mailto:krissy.estabrooks@iowa.gov">krissy.estabrooks@iowa.gov</a>
RIC	Christi Patterson DAS, Human Resources Division	Phone 515-281-8677 Email <a href="mailto:christi.patterson@iowa.gov">christi.patterson@iowa.gov</a>