

## HRA/HR Contact – Processing Life Insurance Claims

The State of Iowa's life insurance plan from Standard Insurance Company (The Standard) provides the member's family financial protection in the case of your 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. In addition, the member has an opportunity to purchase additional (supplemental) life insurance coverage at very economical group rates through payroll deduction.

Refer to the DAS Website by clicking on: [Life Insurance](#) for additional information. If you have questions after reviewing the materials, please contact Danielle Potter (Life Insurance Plan Administrator) at 515-281-8866 or email your questions to: [claimsltdlife@iowa.gov](mailto:claimsltdlife@iowa.gov)

Follow these steps when an employee passes away.

### ***Scenario 1: Active Employee Passes Away.***

Step	Action
1	Send the beneficiary a life claim packet with the following <ul style="list-style-type: none"><li>• Beneficiary Life Claim Letter (sample provided in email)</li><li>• <a href="#">Beneficiary Statement</a> (method of benefit payment)</li><li>• In Your Time of Need <a href="#">Brochure</a></li></ul>
2	Complete <a href="#">Proof of Death Claim Form</a>  <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 NOT be listed. If listing the secondary beneficiary, please notate so.  <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. This could include a phone number or an email.
3	<b>Attachments:</b>  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> <b>Note:</b> You will submit this documentation with the Proof of Death Claim Form.

4	<p><b>Employer Representative Completing this Form:</b></p> <p>Please leave this section blank. DAS-HRE Life Insurance Administrator <u>must</u> sign the life claim.</p>
5	<p>Send all documents to DAS-HRE, attention Life Claim.</p> <ul style="list-style-type: none"> <li>• Employer Statement (completed but NOT signed)</li> <li>• All Attachments identified in Section 3 above.</li> </ul>

**Scenario 2: Terminated Employee Passes Away and the family notifies you.**

Step	Action
1	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 <b>Scenario 1: Active Employee Passes Away</b> listed above.
2	<p>Complete <a href="#">Proof of Death Claim Form</a></p> <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 NOT 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. This could include a phone number or an email.</p>
3	<p><b>Attachments:</b></p> <p>Assemble the following employee documents:</p> <ul style="list-style-type: none"> <li>• Photocopies of enrollment forms and any subsequent beneficiary changes.</li> </ul> <p>Note: You will submit this documentation with the Proof of Death Claim Form.</p>
4	<p><b>9. Employer Representative Completing this Form:</b></p> <p>Please leave this section blank. DAS-HRE Life Insurance Administrator <u>must</u> sign the life claim.</p>
5	<p>Send all documents to DAS-HRE, attention Life Claim.</p> <ul style="list-style-type: none"> <li>• Employer Statement (completed but NOT signed)</li> <li>• All Attachments identified in Section 3 above.</li> </ul>

**Scenario 3: Former Employee whom was approved for long term disability (LTD) passes away and the family notifies you.**

Step	Action
1	<p>The Standard will work directly with the beneficiary for the documents needed.</p> <p>If employee was on LTD prior to 01/01/17, please contact Danielle Potter.</p>
2	<p>Complete <a href="#">Proof of Death Claim Form</a></p> <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 NOT 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. This could include a phone number or an email.</p>
3	<p><b>Attachments:</b></p> <p>Assemble the following employee documents:</p> <ul style="list-style-type: none"> <li>• Photocopies of enrollment forms and any subsequent beneficiary changes.</li> </ul> <p>Note: You will submit this documentation with the Proof of Death Claim Form.</p>
4	<p><b>Employer Representative Completing this Form:</b></p> <p><b>Please leave this section blank. DAS-HRE Life Insurance Administrator <u>must</u> sign the life claim.</b></p>
5	<p>Send all documents to DAS-HRE, attention Life Claim.</p> <ul style="list-style-type: none"> <li>• Employer Statement (completed but NOT signed)</li> <li>• All Attachments identified in Section 3 above.</li> </ul>