UnitedHealthcare Insurance Company

UnitedHealthcare Specialty Benefits
PO Box 7149
Portland, ME 04112-7149
1-888-299-2070
Fax: 1-800-980-0298

REQUEST FOR GROUP LIFE INSURANCE BENEFITS

(PROOF OF DEATH FOR GROUP INSURANCE)

INSTRUCTIONS:

1. Claimant, please fill in and sign SECTION 1 below.
2. Please include a Certified Death Certificate
3. If death was the result of an accident, please include the following.
   - Copy of any police report
   - Copy of any toxicology report and autopsy report
4. Once completed, submit this form, along with any attachments to the Employer for completion of SECTION 2.

For persons who live in Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For persons who live in Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For persons who live in all other states: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a notice of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable under law.

SECTION 1

CLAIMANT'S STATEMENT

Deceased's Name:	
Deceased's Address:	
Name of Insured Employee:	Deceased's S.S. Number:
Name of Employer:	Group Policy Number:
Deceased Date of BIRTH:	Deceased's Date of DEATH:
Place of Death (if in hospital, give name and address of hospital):	
Cause of Death:	

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SECTION 1 continued...

Your Name:	Your Date of Birth:	
State Your Relationship to Deceased:	Your Home Phone Number:	Your Cell Phone Number:
Your Address:		

By my signature below, I hereby certify the following:

- I have completed this form to the best of my knowledge and belief and the information it contains is true and complete.
- I agree that by furnishing this form and investigating the claim, UnitedHealthcare Insurance Company shall not be held to admit validity of any claim, or waive any of its rights, or any of the conditions of the policy.
- I authorize UnitedHealthcare Insurance Company to obtain any medical or hospital records on the deceased. A copy of this authorization will be as valid as the original.
- I authorize OptumHealth Bank, Inc., Member FDIC, ("Bank")* to open an interest bearing deposit account in my name ("Account") and in the event that I am eligible and an Account is opened by the Bank, I hereby direct UnitedHealthcare Insurance Company to transmit all payable claim proceeds of $5,000 or more to such Account. I agree that if the payable proceeds are less than $5,000, or I am ineligible to open an Account with the Bank, I will, subject to the terms and conditions of the policy, receive a check directly from UnitedHealthcare Insurance Company for any benefit.
- I understand and agree that my Account will be established and governed by the Bank's Account Terms and Conditions, including the Bank's Privacy Policy, which will be given to me if and when my Account is opened and the Bank's Schedule of Fees, which I have received.
- I understand that in conjunction with my Account, I will be issued a Wealth Management Account Debit MasterCard® ("Card") and hereby acknowledge that by using the Card to access my Account, I agree to abide by the terms and conditions of the Wealth Management Account Card Agreement provided to me with my Card.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interests or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Please check this box if you prefer payment of proceeds via check directly to you versus the account referenced above.**

_____ _____ _____

Social Security Number or Taxpayer Identification Number | Signature | Date

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

* OptumHealth Bank, Inc. and UnitedHealthcare Insurance Company are owned by UnitedHealth Group Incorporated.

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SECTION 2

We certify that, to the best of our knowledge and belief, the following statements and answers are true:

EMPLOYER'S STATEMENT

Full Name of Employee

Address of Employee	Street Address		
	City	State	Zip
Employer			Group Policy Number

Employee Social Security Number

__ __ __ - __ __ - __ __ __ __

Date to which Employee's Individual Premiums are paid

Date of Employment

Date Deceased Last Present at Work (Provide Employee's Time Records for 3 months prior to last day worked)

If Employee not actively at work on date of death, give reason:

☐ Discharged ☐ On Leave of Absence ☐ Quit ☐ On Vacation ☐ On Disability

☐ Temporary Work Stoppage ☐ Other, explain _____

Occupation or Class of Insured	Scheduled Hours Worked

Amount of Basic Life Insurance **$**_____

Amount of Supplemental Life Insurance **$**_____

Amount of Dependent Life Insurance **$**_____

Amount of Accidental Death and Dismemberment Insurance **$**_____

Name of Beneficiary *	Relationship

***Please attach any enrollment forms and beneficiary designations you retained.**

Provide Proof of Annual Earnings if life insurance benefit is based on Annual Earnings. (Proof will include Employee's Payroll Records for 3 months prior to last day worked.)

Instructions: After completion of both sections of this form, PLEASE MAIL OR FAX to address/fax number shown on 1st section of this form. Be sure to include all supporting documents.

AUTHORIZED OFFICIAL MUST SIGN BELOW:

Name of Employer

Address of Employer

Telephone Number of Employer (with area code)

Signature of Employer

Printed Name of Signing Company Official

OptumHealth Bank Wealth Management Account℠

To help you through what can be a confusing, difficult and emotional time, we have created an OptumHealth Bank Wealth Management Account. This account will give you time to decide how to use the insurance proceeds you receive. If the amount payable to you is $5,000 or more and your account is approved by the bank, a Wealth Management Account will automatically be established.

Security, Convenience Competitive Interest Rates and Flexibility

What Does a Wealth Management Account Provide?

Security

Because a Wealth Management Account from OptumHealth Bank is an FDIC-Insured account, you can be sure that your insurance proceeds are secure and will be there for you when you are ready to use them.

Convenience

Funds from your account are readily accessible by either writing a check or using your Wealth Management Account Debit MasterCard®. Monthly account statements are provided to show all transactions made to your account.

Competitive Interest Rates

Interest begins to accrue on your account immediately. Even if you need time to decide what you plan to do with the money in your account, you will still earn a competitive interest rate from the day your account is established.

Flexibility

There is no limit on the number of debit card transactions or checks that can be utilized during the month and all or part of the money in your account can be withdrawn at any time, without penalty.

What Happens After a Claim is Filed?

New Account Welcome Letter

After a claim has been approved and processed and you return the required documentation, a Wealth Management Account will be established in your name. You will receive a welcome letter with your account information from OptumHealth Bank within 5 business days.

Wealth Management Account Debit MasterCard

You will receive a debit card for your account within 5 business days from the time your account is opened. Once your card is activated, by following the instructions that come with your card, access to the funds in your account will begin immediately.

Free Wealth Management Account Checkbook

A free initial checkbook with checks and deposit slips will be provided for your account. Your checkbook will be mailed within 7 business days after your account has been established. Should you need access to funds prior to that time, withdrawal requests can be made by calling customer service at 1-866-257-3383.

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