



TheStandard®

Standard Insurance Company
Life Benefits Department
PO Box 2800 Portland OR 97208 888.288.1270 Tel

State of Nevada Public Employees' Benefits
Program (PEBP) Life Insurance Benefits
Application Instructions

PLEASE READ CAREFULLY

The application for life insurance benefits consists of the forms included in this packet as well as the additional information noted below. Please fill out every space on the Proof of Death form to avoid delays in our examination of your application for benefits. If a section does not apply, or information is not available, please write "NONE" in the space, so that we know you did not overlook the particular question. **If an incomplete form is received, it may be returned for completion.**

Include the following information with the Proof of Death form.

- Certified death certificate.
- All original enrollment forms.
- For AD&D and Seat Belt claims, attach newspaper clippings, police or accident reports, and any other information available regarding the accident.

Forms may be returned for unanswered questions.

Name of Deceased:		Effective Date of Medical Plan:	
Social Security No.:		Date of Hire:	
Date of Birth:		Date member last actively at work:	
Date of Death:		Reason member did not return to work: <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Other (explain) _____	
If Dependent Claim, Name of Primary Insured:		Last month premium was paid for member or dependent:	
Social Security No. of Primary Insured:	Group Policy No.: 642682	Insurance Class (see contract):	
Occupation:	Agency Name:	PEBP Dept Code:	

Amount of insurance claimed:

Basic life \$ _____ Dependent life \$ _____

Voluntary life \$ _____ Other (specify) \$ _____

Accidental death \$ _____

Member also had the following claims with Standard Insurance Company: (check all that apply)	Member was: (check all that apply)
<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Active (State) <input type="checkbox"/> Retired (State) <input type="checkbox"/> Active (Non-State) <input type="checkbox"/> Retired (Non-State)

Reported By	Relation	Address	Phone

Remarks:

In addition to this form, the following items are required:

- Original enrollment forms.
- Certified death certificate.
- For AD&D and Seat Belt Claims, newspaper clippings, police and accident reports, or other information regarding the accident.

Acknowledgment

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 3 of this form.

Signature of Benefit Administrator	Date	State of Nevada Public Employees' Benefits Program		
Benefit Administrator's Name (Please print)		Name of Employer or Association		
(_____) _____		901 S. Stewart St., Suite 1001		
Phone No.		Street Address		
		Carson City	NV	89701
		City	State	Zip Code

Payments paid via SSA will be sent directly to beneficiary, payments paid via check will be sent to policyholder, unless requested otherwise

Some states require us to provide the following information to you:

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA RESIDENTS

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

MARYLAND AND RHODE ISLAND RESIDENTS

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

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.