

Employer/Plan Administrator Instructions

1. Provide each beneficiary, the Beneficiary Instructions and the Beneficiary Section (Part B) of this Proof of Loss Statement to complete.
2. Complete, Sign and Date, the Employer/Administrator Section (Part A) within this Proof of Loss Statement.
3. Include the following information with your submission of the Employer/Administrator Section:
 - a. A copy or screenshot of the Insured's initial enrollment or election form. This document should reflect both the benefit amount and the date the Insured elected the benefit;
 - b. If applicable, a copy or screenshot of any subsequent changes to the Insured's initial enrollment or election;
 - c. The most recent beneficiary designation form completed by the Insured;
 - d. If the claim for benefits is for the Insured, payroll records for the three (3) pay periods immediately prior to the Insured's last date physically at work – this information should include the number of hours worked by the Insured, the pay received by the Insured, the type of compensation received by the Insured (e.g. overtime, bonus, commissions etc...), and deductions for RSLI Life Insurance premium if the Insured contributed to the insurance costs.
 - e. If the claim for benefits is for an Insured's dependent, payroll records for the three (3) pay periods immediately prior to the Dependent's death – this information should include the number of hours worked by the Insured and deductions for RSLI Life Insurance premium if the Insured contributed to the insurance costs.
 - f. If the RSLI Life Insurance benefit amount is based on the Insured's earnings, please provide the Insured's earnings as defined in the applicable plan.
4. Detach this page and submit all of the information above to Reliance Standard Life Insurance (RSLI):

Reliance Standard Life Insurance Company
Attn: Group Life Claims
P.O. Box 7307
Philadelphia, PA 19101-7307
Telephone 1-800-351-7500
Fax 267-256-3518
LifeClaimsScan@rsli.com

For your information:

- Each beneficiary must complete his/her own Beneficiary Section of the Proof of Loss Statement.
- If the beneficiary is a minor and a legal guardian has not been appointed to handle the minor's estate, a responsible adult should complete the Beneficiary's statement on behalf of the minor.
- If the beneficiary is a minor, the Proof of Loss Statement should be completed by the legal guardian appointed to handle the minor's estate. A copy of the court order appointing the legal guardian will need to be provided to RSLI.
- The Proof of Loss Statement should be completed with the minor beneficiary's information. The legal guardian or responsible adult should print, sign, date and provide his/her mailing address.
- The U.S. Postal Service will not forward Reliance Standard benefit payments. Please provide the complete current mailing address including any unit or apartment number for both the Employee and Dependent if applicable.
- For Accidental death benefits, the beneficiary may need to submit additional information. This may include a copy of police reports associated with the death, an autopsy report.
- Reliance Standard is unable to return original documents submitted to support a claim for benefits.

Group Life Claim Application Proof of Loss Statement

Part A: EMPLOYER/ADMINISTRATOR Information

The Employer/Administrator must complete PART A in its entirety.
For Dependent claims the Employee information must be provided to establish eligibility.

LIFE CLAIM FOR ☐ Employee ☐ Dependent

Employer Name and Address			Policy Number(s)	
Division Name and Address			Employee Social Security Number	
Employee Name and Address			Employee Date of Birth	Employee Date of Death
Provide all Names by which the Employee may have been known by:				
Date of Hire:	Insurance class (per the Policy Schedule of Benefits page)	Occupation/Job Title	# of hours scheduled to work per week	Date last physically worked
Status of Employee on Date of Death: ☐ Active: ☐ Full-time ☐ Part-time ☐ Non-Union ☐ Union ☐ Non-Active due to: ☐ Retired ☐ Approved Leave of Absence ☐ Disability/Worker's Compensation ☐ Premium Waiver for Disability ☐ Other (Explain)				
Date Coverage Elected by Employee:	Date of Last Salary change:	Basic Earnings \$ _____ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Annual		Date Premium Paid thru on Employee's Behalf:
Pay type: ☐ Hourly ☐ Salaried ☐ Commission ☐ Weekly ☐ Monthly ☐ Bi weekly ☐ Semi-monthly (check all that apply) ☐ Union ☐ Non-Union ☐ Exempt ☐ Non-Exempt				
Life Benefit amount claimed:				
Basic \$ _____ Supplemental /Voluntary \$ _____ Spouse \$ _____ Dependent \$ _____ Is this claim also for an Accidental Death? ☐ Yes ☐ No Basic Accidental \$ _____ Voluntary Accidental \$ _____ Dependent/Family Accidental \$ _____				
If Claim is For Dependent, Provide the Following:				
Dependent's Name and Address		Social Security Number	Relationship	Date of Birth
				Date of Death
Provide all Names by which the Dependent may have been known by:				
EMPLOYER/ADMINISTRATOR SIGNATURE				
Any person who knowingly and with intent to injure, defraud or deceive Reliance Standard Life Insurance Company, files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will cooperate fully with any prosecution and will seek any and all appropriate legal remedies.				
Phone Number		Fax Number	Email Address	
Employer/Administrator Name (Please Print)		Employer/Administrator Signature		Date

Beneficiary Instructions

Please accept our condolences on your recent loss. We realize this is a difficult time and are committed to assisting you through our claims process. Please read the instructions below and contact us with any questions you may have regarding the submission of a Life claim.

1. Complete, Sign and Date, the Beneficiary Section (Part B) within this Proof of Loss Statement.
2. Read, Sign and Date, the Authorization to Release Information form.
3. Obtain a copy of a certified death certificate. The cause and manner of death documented on the certificate is required. If the death certificate states PENDING as a cause of death, the amended death certificate will also be required. We will accept scanned copies of the death certificate as long as the state seal is visible and the document is legible. We reserve the right to request an original death certificate with the raised state seal.
4. Detach this page and submit all of the information above to Reliance Standard Life Insurance (RSLI):

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P.O. Box 7307
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For your information:

- Each beneficiary must complete his/her own Beneficiary Section of the Proof of Loss Statement.
- If the beneficiary is a minor and a legal guardian has not been appointed to handle the minor's estate, a responsible adult should complete the Beneficiary's statement on behalf of the minor.
- If the beneficiary is a minor, the Proof of Loss Statement should be completed by the legal guardian appointed to handle the minor's estate. Please provide a copy of the court order appointing the legal guardian of the estate of the minor with this claim application.
- The Proof of Loss Statement should be completed with the minor beneficiary's information. The legal guardian or responsible adult should print, sign, date and provide his/her mailing address.
- The U.S. Postal Service will not forward Reliance Standard benefit payments. Please provide the complete current mailing address including any unit or apartment number.
- Reliance Standard is unable to return original documents submitted to support a claim for benefits.
- For Accidental death benefits, the beneficiary may need to submit additional information. This may include a copy of police reports associated with the death, an autopsy report or other information related to the insured's accident.

Part B: BENEFICIARY'S Information

Each Beneficiary must complete PART B in its entirety.

Print:

Employee's name:		Decedent's name:	
First	Last	First	Last
Full Name of person completing this form:			
First	Middle Initial	Last	
Phone Number		Secondary/Business Phone Number	
Email Address:		Are you the beneficiary? ☐ Yes ☐ No	
Your relationship to the decedent: You are the Spouse Child Parent Sibling Legal Guardian, Responsible adult of minor beneficiary Other(explain)			
Date of Birth of Beneficiary:		Social Security Number of Beneficiary:	
Mailing address of the Beneficiary:			
If the Beneficiary is a Minor:			
First	Middle Initial	Last	
If the Beneficiary is a Trust, Estate, or Charity:			
Full name of Estate, Trust or Charity:			
Estate, or Trust Tax Identification # _____			
Please forward a copy of the Certified Letters of Testamentary, or Court Order appointing the Executor/ Administrator of the Estate or Trustee and a complete copy of the Trust agreement.			
Any person who knowingly and with intent to injure, defraud or deceive Reliance Standard Life Insurance Company, files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of the claim, and are subject to prosecution under state and/or federal law. Reliance Standard Life Insurance Company will cooperate fully with any prosecution and will seek any and all appropriate legal remedies.			
Signature of person completing this form			Date signed

Be Sure the Authorization For Use in Obtaining Information and Part B are completed by the Beneficiary(ies)

Life Claim Authorization for Use in Obtaining Information

Name of Decedent:	
Decedent's Date of Birth:	Date of Death:
Beneficiary (please print, signature below):	
Next of Kin or Legal Representative of Decedent's Estate:	
Relationship: (If Executor, Administrator Etc., Provide Appropriate Court Order)	

To all physicians and other health care professionals, hospitals, other health care institutions, insurers, medical, hospital and prepaid health plans, pharmacies, pharmacy benefit managers, employers, group policyholders, contract holders, governmental agencies (including but not limited to the Internal Revenue Service and the Social Security Administration), private and/or public benefit plan administrators, and/or attorney representatives, including but not limited to covered entities and business associates under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the accompanying regulations:

You are authorized to provide Reliance Standard Life Insurance Company and/or its authorized administrators with information concerning medical care, advice, and/or treatment provided to the above named Decedent, and/or any employment, salary and/or benefit-related information concerning the above named Decedent. I understand that the disclosure of information may include disclosure of protected health information under HIPAA and the accompanying regulations, information regarding treatment for mental illness, the human immunodeficiency virus (HIV) and/or the use of drugs and alcohol. I also understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and will no longer be subject to protection under HIPAA and the accompanying regulations. A statement of Reliance Standard Life Insurance Company's privacy policy is available at www.rsli.com or upon request.

I understand that any such information will be used for the purpose of evaluating my claim for benefits. Upon request, I understand that I am entitled to receive a copy of this Authorization. This Authorization is valid from the date signed for the duration of the claim, and may be revoked by me at any time upon written request to the address below. A reproduction of this Authorization shall be considered as valid as the original.

Beneficiary's Signature	Date signed
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If the Beneficiary is not the Decedent's next of kin or legal representative, the next-of-kin or authorized legal representative of the Decedent's Estate must sign below:

Authorized Person's Signature	Date signed
Description of Authorized Person's authority to sign on behalf of Insured:	

IMPORTANT INFORMATION REGARDING APPLICATION FOR BENEFITS

This form is to be attached to the proof of Loss Claim Statement when a claim is submitted to Reliance Standard Life. Please be sure that all responsible parties completing and filing a claim for benefits are aware of the following statements which concern claim fraud and abuse:

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

State of California

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.

State of Florida

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

State of New Jersey

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

State of New York

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

State of Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

State of Oregon

Any person who, with an intent to knowingly 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, may be subject to prosecution for insurance fraud.

State of Pennsylvania

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.