

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.

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:

Your Name:

Your Date of Birth:

State Your Relationship to Deceased:

Your Home Phone Number:

Your Cell Phone Number:

Your Address:



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, Unimerica Life 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 Unimerica Life 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 Optum Bank, 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 Unimerica Life 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 Unimerica Life 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.
- I acknowledge that I have read the applicable Fraud Warning Notices provided with this claim form.

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
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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.

* Optum Bank, and Unimerica Life Insurance Company are owned by UnitedHealth Group Incorporated.



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
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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
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Amount of Basic Life Insurance \$ _____
 Amount of Supplemental Life Insurance \$ _____
 Amount of Dependent Life Insurance \$ _____
 Amount of Accidental Death and Dismemberment Insurance \$ _____
 Amount of Voluntary Accidental Death and Dismemberment Insurance \$ _____

Name of Beneficiary *	Relationship
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***Please attach any enrollment forms and beneficiary designations you retained.**

AUTHORIZED OFFICIAL MUST SIGN BELOW:

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.

Name of Employer

Address of Employer

Telephone Number of Employer (with area code)

Signature of Employer

Printed Name of Signing Company Official

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

For claimants in Alabama:

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

For claimants in Alaska:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For claimants 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 claimants in California:

Unimerica Life Insurance Company may terminate your coverage and/or deny any claim under the policy if it is determined that you: knowingly, and with actual intent to deceive, presented false information in this application; and such statement was the basis for Unimerica Life Insurance Company's approval of your coverage under the policy.

For claimants in Colorado:

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 a 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.

For claimants in Connecticut:

Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

For claimants in Delaware:

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

For claimants in District of Columbia:

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.

For claimants in Florida:

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

For claimants in Hawaii:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

For claimants in Idaho:

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

For claimants in Indiana:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For claimants in Kansas:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of fraud as determined by a court of law.

For claimants in Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

For claimants in Maine:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For claimants in Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment for 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 claimants in Minnesota:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For claimants in New Hampshire:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For claimants in New Jersey:

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

For claimants in New Mexico:

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 civil fines and penalties.

For claimants in 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.

For claimants in Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive and insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For claimants in Oregon:

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 may be guilty of a crime and may be subject to fines and confinement in prison.

For claimants in 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.

For claimants in Tennessee and Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For claimants in Texas:

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.

For claimants in Vermont:

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 may be guilty of a crime.

For claimants in Virginia:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete, or misleading information may have violated state law.

For claimants in All Other States:

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.

Wealth Management AccountSM

To help you through what can be a confusing, difficult and emotional time, we offer an Optum BankSM 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.

Account benefits include:

- Security
- Convenience
- Competitive Interest Rates
- Flexibility

What Does a Wealth Management Account Provide?



Security

Because a Wealth Management Account from Optum 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.

Once your claim is approved, you'll receive the following information from Optum Bank:



New Account Welcome Letter

A Wealth Management Account will be established in your name. You will receive a welcome letter with your account information from Optum Bank within 7 – 10 business days from the date your account is established.



Wealth Management Account Debit MasterCard

You will receive a debit card for your account within 7 – 10 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 – 10 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.