

# Anthem<sup>®</sup>Life

Please accept our condolences on your recent loss. We realize that this is a difficult time for you and we will do our best to make sure that all of your dealings with us are handled in a professional, caring and timely manner.

We know that during a confusing time like this, even simple decisions can seem huge. And no matter how well you may have prepared, you may feel that you are forgetting something important. So we have provided you with some information that may be of help.

Enclosed are two brochures. The first, "*Losing a Loved One: A list of reminders*" is a list of things that may need to be taken care of in the coming months, from dealing with pets to canceling credit cards.

The second brochure describes additional benefits that are available to you at no cost through our Resource Advisor program.

Finally, in order to better meet your needs and speed the processing of your claim, we are pleased to advise you about our Access Advantage program. The Access Advantage Account is a checkbook program that is provided to you without cost as an additional benefit. Lump sum proceeds of \$10,000 and more are deposited into your Access Advantage account, which pays competitive money market interest rates on the balance in your account. It is also fully guaranteed by Anthem Life Insurance Company.

As soon as your claim is approved, we will send your Access Advantage account kit containing your checkbook. Your funds will be immediately available to you. You will have the opportunity to withdraw money as you need it, leaving the balance earning interest at money market rates, or you may withdraw the total amount—it is all based upon your needs.

If you have questions, we encourage you to call our Life Claims Service Center at our toll free number: 1-800-813-5682. Customer Service Representatives are available Monday through Friday, 8:00 AM to 5:00 PM Eastern Time.

Hopefully these resources will help with the many decisions and responsibilities that you may be facing at this time.

Sincerely,

**Anthem Life Claims**

Losing a loved one has a way of making anyone feel unprepared. Suddenly, there are a hundred things to do and remember. This list puts them down on paper – so they're not on your mind.

## Immediately

- Discuss medical issues with doctors. Should there be an autopsy? Was the deceased an organ/tissue donor?
- Determine whether the deceased wrote a letter of intent or made pre-arrangements for funeral, cremation or burial, including whether any services were pre-paid.
- Contact funeral home or provider about disposition of the body.
- Notify family and close friends. Don't be shy about asking for help with phone calls. (The contact chart on the back of this sheet may help.)

## Preparing for funeral or memorial service

- Make planning decisions for a funeral or memorial service, including who will be billed.
- Gather the deceased's information for the funeral home – including ID numbers and personal history – so they can issue a death certificate. You can also use this information for an obituary or paid death notice.
- Ask friends and family to handle notifying people of the service, and to provide travel assistance.
- Send obituary or paid death notice to local papers and any other appropriate publications.
- Decide how many death certificates you'll need.

## Family and household issues

- Provide for the immediate care of deceased's dependents and other urgent matters.
- If the deceased had any pets, arrange for their feeding and care, and decide whether a new living situation is necessary.
- See to outstanding property matters, such as the deceased's mortgage, rent and utilities.
- If the house is empty, arrange for a house sitter or put timers on the lights and TV. Plan for mail pickup and cancel newspaper delivery. Remove any valuables such as jewelry, small antiques and wallets.
- Locate the deceased's calendar and cancel scheduled appointments.
- Cancel services such as meal deliveries, home health aides or volunteers.



## Personal and financial matters

- Find important documents, including:
  - will or living trust
  - deeds
  - titles
  - licenses
  - insurance policies
  - financial records
  - tax returns
  - identification papers
  - disability claims
  - military certificates
- Contact the attorney and/or executor named in the will to handle probate court and estate matters.
- Check all insurance policies for death-related benefits.
- Ask frequent flyer programs about transferring mileage.
- Transfer assets and property titles if you are a surviving spouse, partner or dependent.
- Contact accountant or tax advisor about filing taxes, preparing a budget and valuing assets.
- Open individual bank accounts if you are a surviving spouse or partner.
- Locate any safe deposit box(es).
- Contact insurance agents to change your policies and beneficiaries, if necessary.
- Cancel the deceased's individual credit cards; but don't remove the name from joint accounts for six months.
- Change all home utilities to your name if you shared a household with the deceased.
- Update your will and consider preparing your own funeral or memorial pre-arrangements.

## Other benefits

- Investigate possible benefits through social or fraternal organizations, unions, mortgage companies and credit cards.
- Notify Social Security of death and file for any death or survivor benefits that may apply: 800-772-1213.
- Contact U.S. Department of Veterans Affairs for benefits if the deceased was a veteran: 800-827-1000 or [www.va.gov](http://www.va.gov).
- If the deceased was an active peace officer or in the military, contact local representatives.

## Employment issues

- Contact the deceased's employer about benefits, unpaid compensation and retirement/investment accounts.
- Ask about any unused vacation or personal time, unpaid commissions or bonuses, etc.

## People to contact

Name	Phone number	Name	Phone number

# Resource Advisor

Anthem® Life

**What could be better than finding the support you need – without worrying about how much it costs?**

During this difficult time, you no doubt feel some stress at home and at work. Anthem Life Resource Advisor is designed to improve your well-being by helping you manage problems before they become an emotional or financial burden.

## Face-to-face support services in a time of need

You get three visits with a licensed mental health professional, as well as up to three consultations with a legal and/or financial professional at no cost. You can visit these specialists up to six months after your loss.

Each legal/financial consultation must relate to a separate concern.

## Staying connected

We're here when you need us. The telephone consultation and referral services are available 24/7, toll-free from anywhere in the United States. And, of course, the Resource Advisor website never closes, so helpful resources are just a click away!

## Accessing Resource Advisor

For free, confidential help 24 hours a day, seven days a week, simply call toll-free **(888) 209-7840** or visit **www.ResourceAdvisor.Anthem.com**.

## Need help?

You also get free and confidential access to work/life resources on the Resource Advisor web site, including:

- tips on dealing with emotions and advice on handling difficult life events, like losing a loved one
- child and elder care provider databases
- parenting information and services
- online financial calculators and tools
- community resources, like weather, events and neighborhood information
- consumer education and services on important topics like fire safety
- self-assessments
- online will, living will and financial power of attorney preparation assistance and online legal library
- information on dealing with identity theft

**FOR EASY ACCESS TO YOUR RESOURCE ADVISOR,  
CUT OUT AND CARRY THE WALLET CARD BELOW.**

Anthem® Life

**Anthem Life  
Resource Advisor**

For toll-free, 24/7 telephone  
consultation and referral services:

**Call (888) 209-7840 or visit  
www.ResourceAdvisor.Anthem.com and enter  
(Program Name: AnthemResourceAdvisor)**

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# How to Complete Your Beneficiary Claim Form

*Please read this page before you fill out the Beneficiary Claim Form.*

Anthem Life Insurance Company begins gathering information for your claim as soon as we learn of the death.\*

To complete processing of your claim, we must have:

1. A fully completed Beneficiary Claim Form from **each** beneficiary. (You may use a photo copy of the form if there is more than one beneficiary.)
2. A certified copy of the death certificate.
3. A copy of the enrollment form or beneficiary designation form on which the insured named beneficiaries.

## **Section 1: Claimant/Beneficiary Information**

This information enables us to speed payment to you. Your telephone number(s) help us contact you quickly if any required information has been omitted.

### **Social Security Number**

In nearly all cases, life insurance benefits are NOT subject to income tax. However, because you will be earning taxable interest under the Access Advantage Account program, the Federal government requires us, and all other financial institutions that pay interest, to ask for and obtain your Social Security Number or other Taxpayer Identification Number. If you fail to supply is with your Social Security Number or other Taxpayer Identification Number, the Federal government requires us to withhold a portion of any interest we would otherwise pay you as a deposit against the taxes that may be due. If you are applying for a tax number, please write “applied for” in the appropriate space.

Some persons have been notified by the Internal Revenue Service that they are subject to “backup withholding” because in the past they did not report all their interest or dividends. If you have been so notified, and the Internal Revenue Service has not written to you stating that you are no longer subject to backup withholding, you must cross out the statement right below your Social Security Number or Taxpayer Identification Number. We may need to contact you for more information if you are not a citizen of the United States and/or you reside in a foreign country.

### **Claims by an Estate or Assignee**

If this claim is being filed by an Executor or Administrator, he or she must sign the Beneficiary Claim Form and submit certified copies of the appointment papers. Be sure to use the Estate’s taxpayer number.

### **Assignment of Benefits**

If you have assigned all or any portion of the claim to a funeral home for final expenses, please include a copy of that assignment and the itemized bill. If the policy proceeds have been assigned to a bank or other financial institution, the Beneficiary Claim Form must be signed by an authorized representative of that institution.

## **Section 2: Information about the Insured (the Deceased)**

This information is necessary for purposes of identification. If the insurance coverage was issued within two years of the insured’s death, or the death was due to an accident and the Group Policy provided for accidental death benefits, we may ask you for additional information.

## **Section 3: Signature and Certification**

Please sign the Beneficiary Claim Form in the same manner as you would sign checks. Your signature may be used to verify Access Advantage Account checks you write or instructions you give us in the future. You will also be certifying, under penalties of perjury, that your Social Security Number or other Taxpayer Identification Number and backup withholding status are true.

## **Group Policyholder’s Statement**

The insured’s employer, or the group from which he or she received life insurance coverage, must complete the Group Policyholder Statement.

\*This Claim Form may have been sent before Anthem Life has determined whether any insurance was in force at the time of death, whether any proceeds are payable and to whom any proceeds are payable. Anthem Life retains its rights to make these determinations.

**FOR GROUP POLICHOLDER USE ONLY**

Group Number	Group/Employer Name
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**BENEFICIARY CLAIM FORM**

Anthem Life Insurance Company  
 Ohio Claims Center  
 P.O. Box 182361  
 Columbus, OH 43218-2361  
 800-813-5682 • 614-433-8861 fax

Please return this Beneficiary Claim Form together with an official certified copy of the death certificate to the insured's employer/group.

Please type or print legibly. Name and address as stated will appear on checks.

**SECTION 1: Claimant/Beneficiary Information**

1 Name (First, Middle Initial, Last)		2 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3 Date of Birth
4 Address (Street Name/Number, City, State, Zip)		5 Home Phone Number:	
		6 Daytime Phone Number:	
7 E-mail Address		8 Social Security Number:	
9 In what capacity are you making this claim? <input type="checkbox"/> Beneficiary <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____		10 Claimant's relationship to the insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	

I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or I am exempt. ***Cross out this statement if you have been so notified.***

**SECTION 2: Information about the Insured (the Deceased)**

Name (First, Middle Initial, Last)

**SECTION 3: Signature and Certification**

I certify, under penalty of perjury, that the Social Security Number or other Taxpayer Identification Number and Claimant's Backup Withholding status information in Section 1 is correct. I understand that my signature may be used for signature verification for my Access Advantage Account and other purposes.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

***Any person who knowingly, and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal penalties.***

**For use by Anthem Life Only**

Examiner	Claim #	Date Approved/ Denied	Total (Benefit + Interest)

*Return form to:*

Anthem Life Insurance Company  
 Ohio Claims Center  
 P.O. Box 182361  
 Columbus, OH 43218-2361

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Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

# GROUP POLICYHOLDER'S STATEMENT - not for use by beneficiaries

Please type or print legibly. Any omissions may cause a delay in claim processing.

## Policy and Employer Data

1 Group Number		<b>OR</b>	2 Case	3 Group	4 Suffix
TO WHOM DO YOU WISH US TO DIRECT ALL CORRESPONDENCE ON THIS CLAIM?	5 Company			6 To the attention of	
	7 Telephone No.			8 Address (Street Name/Number, City, State, Zip)	

## Employee Data

9 Full Name of Insured Employee					10 Social Security Number	11 Date of Birth	12 Date Employed
13 Last Change in Amount of Insurance					14 Rate of Pay		15 Original date of insured's insurance with Anthem Life
Type of Insurance	Amount of Insurance	Increase	Decrease	Date	\$ per		
Basic Life	\$	\$	\$		16 Job Title (per life insurance schedule)		
Opt/Add'l/ Supp Life	\$	\$	\$				
AD&D	\$	\$	\$		17 Date Last Worked	18 Date of Death	
Supp AD&D	\$	\$	\$		19 Had insurance been terminated prior to death?		
TOTAL	\$	\$	\$		<input type="checkbox"/> No <input type="checkbox"/> Yes - indicate date:		
20 Was deceased insured for Group Survivor Income Benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes - complete form 10G SIB							
21 Was claim for Waiver of Premium or Permanent & Total Disability Benefits submitted prior to death? <input type="checkbox"/> No <input type="checkbox"/> Yes - claim #							
22 Reason for Ceasing Work					23 Was insured considered a member/employee at the time of death?		
<input type="checkbox"/> Illness (including disability leave of absence) <input type="checkbox"/> Leave of Absence (other than disability) <input type="checkbox"/> Quit <input type="checkbox"/> Dismissed <input type="checkbox"/> Vacation <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Retired					<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Dependent Data - complete this section if this claim is for an insured dependent

24 Full Name of Insured Dependent		25 Social Security Number	26 Date of Birth	27 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
28 Address (Street Name/Number, City, State, Zip)				
29 Relationship to insured employee		30 If spouse, was he/she divorced or legally separated?		31 If child, was he/she
<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child		<input type="checkbox"/> Yes <input type="checkbox"/> No		Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
32 If employed, was employment:		33 Date dependent insured under Anthem Life insurance		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Date employed:		34 Was insurance terminated		36 Date of dependent's death
		<input type="checkbox"/> No <input type="checkbox"/> Yes - date		35 Amount of dependent's insurance claimed \$

**Accidental Death Claim Information** if the group program provides an Accidental Death Benefit and death was due to an accident, please complete this section and attach copies of descriptive news articles and a police or corner's report, if available.

37 Date of accident or incident	38 Was the death due to injury arising out of and during the course of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Beneficiary Data

Name of each beneficiary	Social Security No or Tax I.D. No. if Estate or Trust	Relationship to Employee	Age	Address (No. + Street, City, State, Zip Code)

If a Beneficiary who is entitled to a benefit is deceased, give Name, Date of Death, and furnish a copy of his or her Death Certificate.

## THE INFORMATION GIVEN ABOVE IS CORRECT AND COMPLETE ACCORDING TO OUR RECORDS

Employer (if other than policyholder) Affiliate, Subsidiary, Branch, Employer number	By (Signature & Title of Employer's Authorized Representative)	Date
Policyholder	By (Signature & Title of Policyholder's Authorized Representative)	Date