

Beneficiary Assistance

“Because We Care”

SURVIVOR CHECKLIST

1. Obtain copies of death certificate. The death certificate is the basic document you'll be working with. The funeral home and Bureau of Vital Statistics can help you obtain these documents. It is a good idea to have several copies made.
2. Consult a lawyer. When a loved one dies, you will need legal advice on rerecording property deeds, drawing up a will for surviving spouse, etc. It is not necessary to consult with a lawyer to file a death claim with Farm Bureau.
3. Locate important papers. Search for important documents in safety deposit boxes, briefcases, strong boxes, etc. One of the most important documents is the Will.
4. Gather the deceased's current bills and notify creditors. It is also important to notify the bank of changes in checking accounts, savings accounts, etc.
5. Contact a tax expert if you think estate is subject to taxation.
6. Notify insurance companies other than Farm Bureau for death claim purposes.

* These are only a few of the many items that should be checked out in the event of death. For more information, contact your Farm Bureau agent.

BECAUSE WE CARE...

HOW CAN WE HELP YOU SECURE... SURVIVOR BENEFITS

Often times the survivor(s) overlook some specific insurance and/or benefits that the deceased had at the time of death.

Listed below are some specific sources that the survivor(s) should look to for additional benefits upon the death of the insured:

- The Employer
- Health Insurance Company(s)
- Life Insurance Company(s)
- Former Employer(s)
- Social Security
- The Veteran's Administration
- Fraternal and Civic Organizations, etc.
- Civil Service Commission

Following are some suggested letters to use when applying for these additional benefits.

LETTER A: To The Employer - This letter should be used to obtain benefits from the deceased's employer. This letter needs to be signed by the deceased's spouse or by the person acting on his or her behalf.

(date)

(company name)

(street address or P.O. number)

(city, state and zip code)

Gentlemen:

My *(relationship of deceased)*, an employee of your company, died on *(month, day, year)*.

Would you please review your personnel files and other records to determine what benefits might be payable to *(his, her)* estate or beneficiary? Among other things, such benefits might include group life insurance, hospitalization and major medical insurance, disability income insurance, pension or profit-sharing plan, workman's compensation, deferred compensation arrangement, accrued vacation or sick pay, payroll savings or stock-purchase plan, credit union balance, etc.

I am writing on behalf of *(myself; my relationship, his or her full name)* as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely yours,

(signature)

(typed or printed name)

(street address)

(city, state, zip code)

LETTER B: To The Health Insurance Company - This letter should be used if the deceased had an individual major medical, hospitalization or other type of special health insurance policy. This letter needs to be completed by the deceased's spouse or the person acting on his or her behalf.

(date)

(company name)

(street address or P.O. number)

(city, state and zip code)

Gentlemen:

My late *(relationship of deceased)*, had a *(type of policy)* with your company. *(Full name of deceased)* was insured under policy *(policy number)* and died *(month, day year)*.

Please send me the necessary forms I should fill out in filing a claim for benefits on behalf of either the estate of *(name of deceased)* or *(his, her)* survivors.

Sincerely yours,

(signature)

(typed or printed name)

(street address)

(city, state, zip code)

(telephone, including area code)

LETTER C: To The Life Insurance Company - This letter should be used if the deceased had an individual life insurance policy(s), annuity(s), accident insurance or disability income insurance policy. This letter needs to be completed by the named beneficiary or by the person(s) acting on his or her behalf. (The forms provided by the company in response to this letter will state what documents and records are required in order to file the claim.)

(date)

(company name)

(Street address or P.O. number)

(city, state and zip code)

Gentlemen:

My late *(relationship of deceased)* had a *(type of policy)* with your company. *(Full name of deceased)* was insured under policy *(policy number)* and died *(month, day, year)*.

Please send me whatever forms I should fill out in filing a claim for *(type of benefits)* benefits *(I am, name of person is)* entitled to as beneficiary on that policy.

Sincerely yours,

(signature)

(typed or printed name)

(Street address)

(city, state, zip code)

(telephone, including area code)

LETTER D: Former Employer - This letter should be used to determine if there are any benefits available from former employer(s) of the deceased. It should be completed by the deceased's spouse or the person acting on his or her behalf.

(date)

(company name)

(Street address or P.O. number)

(city, state and zip code)

Gentlemen:

My *(relationship of deceased)*, a former employee of your company, died on *(month, day, year)*.

Would you please review your personnel files and other records to see if there are any benefits payable to *(his, her)* estate or beneficiary? Among other things, such benefits might include a vested interest in a pension or profit-sharing plan.

I am writing you on behalf of *(myself; my relationship, his or her full name)* as beneficiary. If there are any forms to be completed in filing for these benefits, or if you need any documents or additional information, please let me know.

Sincerely yours,

(signature)

(typed or printed name)

(street address)

(city state, zip code)

(telephone, including area code)

LETTER E: Social Security Administration - This letter should be sent or delivered in person to the nearest Social Security Administration office. It must be completed and signed by the deceased's spouse or by the person acting on his or her behalf.

(date)

Social Security Administration
(street address or P.O. number)
(city, state and zip code)

Gentlemen:

This is to inform you that my *(relationship, full name and social security number of deceased)* died on *(month, day, year)*.

I am writing you on behalf of *(myself my relationship, his or her full name)* and would like to obtain an appointment as soon as possible to make application for benefits. Please let me know where and when such a meeting can be arranged.

I will plan to bring the following things with me to that meeting: a certified copy of the death certificate, a copy of the marriage certificate, copies of birth certificates of the deceased and survivors, the social security numbers of the survivors, and evidence of the deceased's recent earnings. If any other information or documents are required, please let me know.

Sincerely yours,

(signature)
(typed or printed name)
(street address)
(city, state, zip code)
(telephone, including area code)

LETTER F: The Veteran's Administration - This letter should be used if the deceased had a government life insurance policy. It needs to be completed and signed by the deceased's spouse or by the person acting on his or her behalf (upon receipt of this letter, the VA will send notice as to what records or documents are needed to file the claim).

(date)

Veteran's Administration
(street address or P.O. number)
(city, state and zip code)

Gentlemen:

This is to inform you that my *(relationship, full name of deceased)* died on *(month, day year)*.

(He, she) was insured under policy number *(policy number)*, and I am writing you on behalf of *(myself; my relationship, his or her full name)* as beneficiary.

(Full name of deceased) served in the *(branch of service)* and *(social security number)*, from *(date entered service)* to *(date discharged from service)*.

Please send me whatever forms should be filled out in making application for the benefits payable under that policy.

Sincerely yours,

(signature)
(typed or printed name)
(street address)
(city, state, zip code)
(telephone, including area code)

LETTER G: Fraternal and Civic Organizations, etc. - This letter should be used to obtain benefits from any group or organization to which the deceased belonged. It needs to be completed by the deceased's spouse or by the person acting on his or her behalf.

(date)

(organization name)
(street address or P.O. number)
(city state and zip code)

Gentlemen:

This is to inform you that my *(relationship, full name of deceased)* died on *(month, day year)*.

(He, she) was a member of *(organization)* and I understand that *(he, she)* may have been eligible for certain benefits for *(herself, himself)* and dependents through *(name of organization)*.

I am writing you on behalf of *(myself; my relationship, his or her full name)* as beneficiary. Please send me whatever forms should be filled out, and the necessary instructions for making application for benefits.

Sincerely yours,

(signature)
(typed or printed name)
(street address)
(city, state, zip code)
(telephone, including area code)

LETTER H: Civil Service Commission - This letter should be used to obtain benefits which the deceased's estate and/or survivors are entitled to as a result of the deceased's being a former Civil Service employee.

(date)

Civil Service Commissions
1900 East Street, N.W.
Washington, D.C. 20415

Gentlemen:

This is to inform you that my (relationship, full name of deceased) died on (month, day, year).

(Full name of deceased) worked as a Civil Service employee from (date started working for Civil Service) to (date stopped working for Civil Service).

I am writing you on behalf of (myself; my relationship, his or her full name), the deceased's (relationship), to apply for any pension or other benefits that might be due (me, her, him) (and the children).

Please send me whatever forms should be filled out, and the necessary instructions for making application for benefits.

Sincerely yours,

(signature)

(typed or printed name)

(street address)

(city; state, zip code)

(telephone, including area code)