



Basic and Supplemental  
Term Life



Administration Manual

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State of Washington  
Payroll/Personnel/Benefits Offices



ReliaStar Life Insurance Company  
*A member of the ING family of companies*



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## Welcome

Welcome to ING Employee Benefits! This manual is designed as a reference tool for State of Washington Payroll/Personnel/Benefits Offices to address questions you may have about the administration of your employee benefits plan. If you do not find the answers you need in this manual or if you prefer to talk to an ING Employee Benefits associate, please call your Account Executive identified in the Quick Plan Reference. We look forward to serving the benefit needs of you and your employees.

### About ING Employee Benefits

The term life insurance policy is issued by ReliaStar Life Insurance Company, Minneapolis, Minnesota. The insurance company and its parent, ING North America Insurance Corporation, are subsidiaries of Amsterdam-based ING Groep N.V. (NYSE: ING).

## Quick Plan Reference

<b>Group Name:</b>	Washington State Health Care Authority
<b>Your Group Benefit Plan Number is:</b> <i>(please use it on all correspondence and when requested on forms)</i>	<b>12373-1</b>
<b>Your Account Number is:</b>	20 -- State agencies, two year colleges, The Evergreen State College 30 -- participating K-12 agencies 40 -- political sub-divisions/employer groups 200 -- University of Washington 300 -- Washington State University 400 -- Western Washington University 500 -- Central Washington University 600 -- Eastern Washington University 12 -- Washington State Patrol ( <b>those from Standard Insurance Company's old policy</b> ) -- <b>the amount is frozen</b>
<i>(please use it on all correspondence and when requested on forms)</i>	
<b>Your Group Anniversary Date is:</b>	January 1

<p>Contact us at the following address or phone number with your administration and billing questions:</p> <ul style="list-style-type: none"><li>• General policy and coverage questions</li><li>• Service type requests</li></ul>	<p>Mary Perreault, Account Executive (local) ING Employee Benefits Regional Office -- Seattle</p> <p>☎ 206-676-6105 ☎ FAX 206-264-8197 ✉ Email: <a href="mailto:mary.perreault@us.ing.com">mary.perreault@us.ing.com</a></p>
<p>Contact our Customer Service Representatives at the following address or phone number with your enrollment administration questions:</p> <ul style="list-style-type: none"><li>• Enrollment and Evidence of Insurability forms</li><li>• Conversion Requests</li><li>• Change of Beneficiary Requests</li><li>• Claim Requests</li></ul> <p>For any further assistance with these requests, you can contact:</p>	<p>ReliaStar Life Insurance Company P.O. Box 20, Route 7325 Minneapolis, MN 55440-0020</p> <p>☎ 866-689-6990 ☎ FAX 612-342-3051</p> <p>Barb Opitz, Account Manager ING Employee Benefits -- Group Customer Service</p> <p>☎ 612-342-3037 ☎ FAX 612-372-5791 ✉ Email: <a href="mailto:barb.opitz@us.ing.com">barb.opitz@us.ing.com</a></p>

Quick Plan Reference cont.

<p>Contact the Outreach and Training Team at the Health Care Authority at the following address or phone number with your questions regarding keying or computer system problems:</p>	<p>Washington State Health Care Authority 676 Woodland Square Loop SE P. O. Box 42684 Olympia, WA 98504-2684 360-412-4200 TOLL FREE 1-800-700-1555 FAX 360-923-2608 <a href="http://www.fuzeugna.com/perspay/consumer/question.asp">www.fuzeugna.com/perspay/consumer/question.asp</a></p>
<p>Agency Contact Changes</p>	<p>If the agency contact changes, please send an email to your Account Executive listed on the previous page. Please include your name, title, agency name, address, telephone, fax number and email address.</p>
<p>To file a claim or discuss claim procedures:</p>	<p>ING Life Claims PO Box 1548 Minneapolis, MN 55440 ☎ 1-888-238-4840</p>

## Ordering Supplies

- You may go on-line to the HCA website at [www.perspay.hca.wa.gov](http://www.perspay.hca.wa.gov) to order supplies or you may call your Account Executive listed in the Quick Plan Reference section of this manual, if you have questions.

### Supplies you may need to request:

Term Life & Accidental Death & Dismemberment Insurance Program booklet (Certificate of Coverage)	HCA 50-126*
Conversion of Your PEBB Group Life Policy Form	147077*
Beneficiary Designation	114834 *
PEBB Life Insurance Enrollment Form (newly hired employees)	HCA 50-402 ***
PEBB Life Insurance Change Form (changes to existing coverage)	HCA 50-055*
PEBB Life Insurance Evidence of Insurability Form	HCA 50-645 ***
Domestic Partnership -- Marriage/Qualified Domestic Partner Enrollment & Tax Forms & Instructions	HCA 50-704*
Amendment to Original Application (nontobacco-user certification)	117064*
Absolute Assignment of Group Life Insurance	114865 *
Death Claim	115446 *
IRS Form W-9	Form W-9
Settlement Options Summary	124886 *
Settlement Options Brochure	3012604.R.P *
Accelerated Benefit Claim	121583 *
IRS Form W-9	Form W-9
Accelerated Benefit Disclosure Statement	121978*
Attending Physician's Statement of Terminal Condition	121489 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
Accidental Dismemberment Claim	116486 *
Attending Physician's Statement of Dismemberment	116150 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
Waiver of Premium Disability Claim	115591 *
Attending Physician's Statement of Disability	115754 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
ING Life Claims Return Envelopes	115727 **

\* indicates that a pdf version of this form is available.

\*\* ING Employee Benefits envelopes are available through the HCA warehouse.

\*\*\* also available in the back of the Term Life & Accidental Death & Dismemberment Program booklet, HCA 50-126.

Ordering Supplies cont.

A Waiver of Life Insurance Premium Claim packet is available through HCA on the HCA website, [www.perspay.hca.wa.gov](http://www.perspay.hca.wa.gov), which includes the Waiver of Premium Disability Claim form, the Attending Physician's Statement of Disability form, and the Life Insurance Certificate of Coverage, HCA 50-126.

## Enrollment

### Enrollment Period

Employees have 60 days from the date they become eligible to apply for benefits to complete a PEBB Life Insurance Enrollment Form (HCA50-402), and a PEBB Life Insurance Evidence of Insurability Form (HCA 50-645), if applicable. An employee is eligible to apply for coverage on the date he or she is hired into an insurance-eligible position. For example, an employee hired on February 8, 2009 is eligible to apply for insurance coverage on February 8, 2009. The 60-day enrollment period would begin on February 8, 2009. The enrollment form must be completed and signed within the first 60 days of eligibility to qualify for certain parts of coverage without underwriting, such as Part B Basic Spouse, up to the initial \$25,000 in Part B Supplemental Spouse, Optional Part C, and up to the initial \$50,000 in Part D Supplemental.

Enrollment forms that involve guaranteed issue coverage *only* do not require evidence of insurability when applied for within the initial 60 days of eligibility.

Eligible employees must be actively at work as defined in the Life Insurance Certificate of Coverage, (HCA 50-126).

### Enrollment Process

Follow these steps to enroll the employee:

1. Issue a new employee packet to any insurance-eligible employee right away. The new employee packet includes the Term Life & Accidental Death & Dismemberment Insurance Program booklet (Certificate of Coverage), HCA 50-126, the Life Insurance Enrollment Form (HCA 50-402), and the Life Insurance Evidence of Insurability Form (HCA 50-645).
2. Have the employee complete the Life Insurance Enrollment Form and return it to you. If no coverage is requested, the employee still needs to complete the Life Insurance Enrollment Form to designate a beneficiary.

**Note: If there are religious reasons why the employee must waive basic life insurance benefits, please have the employee submit a signed statement in writing and place the statement in the employee's file.**

3. Review the enrollment form for accuracy and completeness. Make sure that a beneficiary has been designated and that the form has been signed and dated. The employee should refer to examples in the Term Life and Accidental Death & Dismemberment Insurance program booklet or on the Beneficiary Designation form. **Agencies must complete Section 7 of the form.**
4. Review the enrollment form to determine if underwriting by the insurance company is required.

Enrollment cont.

5. If underwriting is required, request the applicant complete an Evidence of Insurability (EOI) form (HCA 50-645).

Underwriting is required under the following conditions:

- i. If enrolling in Part B Basic Spouse/Qualified Domestic Partner past the initial 60 days of eligibility or past 60 days from the date of marriage.
- ii. If enrolling in Part B Supplemental Spouse within the initial 60 days of eligibility or within 60 days of the marriage date, any amount in excess of the initial \$25,000 guaranteed issue amount requires approval, or if enrolling after the initial 60 days of eligibility or more than 60 days after the marriage date, any amount requires approval.
- iii. If enrolling in Part C after the initial 60 days of eligibility or when electing the automatic increase after the initial 60 days of eligibility.
- iv. If enrolling in Part D Supplemental within the initial 60 days of eligibility, any amount in excess of the initial \$50,000 guaranteed issue amount requires approval, or if enrolling after the initial 60 days of eligibility, any amount requires approval.

\* NOTE: Part B Basic Children Life and Part E Optional Accidental Death and Dismemberment coverage do not require approval.

6. If underwriting is required, forward a copy of the properly completed Life Insurance Enrollment or Change Form and Evidence of Insurability Form, if provided by employee, to ING Employee Benefits for underwriting. The employee may send the Evidence of Insurability Form directly to:

✉ ING Employee Benefits  
P O Box 20  
Route 7325  
Minneapolis MN 55440

**Retain the original enrollment form in your files. The employee may elect to send the Evidence of Insurability (EOI) Form (HCA 50-645) directly to ING Employee Benefits.**

Enrollment cont.

7. State Agencies and employer groups who do their own keying will need to key the life insurance coverage into the computer system on the Life Coverage screen, which will begin the appropriate payroll deductions. Higher Education Institutions will need to key the coverage on their payroll screens to begin the appropriate deductions.

Note: If the employee applies for more than \$25,000 Part B Supplemental Spouse or more than \$50,000 Part D Supplemental guaranteed issue amount(s), state agencies and employer groups key the guaranteed issue first. After the guaranteed issue amount moves to “current coverage”, then key the additional amount(s) that require underwriting. Contact HCA if you have any questions.

A Final Action Notice (FAN) is the document that is sent out by ING Employee Benefits Medical Underwriting Department to indicate the status of an application for coverage: approved, denied, or closed.

Note: For employees being underwritten, **do not begin payroll deductions** for any coverage which requires approval until receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage.

State agencies, employer groups, and higher education institutions, including the community colleges, key their own coverage. Key the approval, denial, or closure upon receipt.

8. When both husband and wife are covered employees, or when both qualified domestic partners are covered employees, and one employee terminates state service, any in-force Part B Basic and Supplemental Spouse Life coverage may be transferred, without evidence of good health, to the remaining insured employee’s Part C and Part D life coverage.

Likewise, any in-force Part C and Part D coverage may be transferred, without evidence of good health, to the remaining insured employee’s Part B Supplemental Spouse Life coverage, up to the maximum allowed under these coverages. (The combined Supplemental Spouse coverage may not exceed 50% of the employee’s total Part C and D coverage.)

Also, if the employees divorce or a Qualified Domestic Partner (QDP) partnership is dissolved, both employees may transfer the Part B Supplemental Spouse Life coverage from their spouse/QDP’s account to their own Part C or Part D up to the eligible maximum limits.

Only the amount of terminated life coverage may be converted within 31 days of the termination date. Any transfer of coverage under this provision must be immediate and without lapse in coverage. Contact HCA to determine the amount of coverage the spouse or Qualified Domestic Partner has at time of termination.

Enrollment cont.

**Example of Guaranteed Issue Transfer:**

The terminating employee has 26k Part C, 166k Part D, and 44k B Supplemental.

The still employed employee has 36k Part C, 150k Part D, and 25k B Supplemental.

The terminating employee's B Supplemental (44k) is transferred to the active employee's Part D, which will total 194k. Part C (36k) & Part D (194k) now total 230k.

The eligible amount of the terminating employee's Part C & Part D that can be transferred to the active employee's B Supplemental is 90k, which will total 115k (25k + 90k), which is half of the employee's Part C & Part D.

Part B Supplemental cannot exceed half of the total of the employee's Part C and Part D combined.

**Effective Dates**

Employer-provided (employer pays 100% cost of coverage): Coverage usually becomes effective on the first day of the month following the date of eligibility. See "Effective Dates" in the Life Insurance Certificate of Coverage for further details.

Employee-paid (employee pays all the cost of coverage):

- A. If requested within 60 days from the eligibility date, coverage becomes effective the first of the month following the signature date on the enrollment form, unless it is coverage which requires approval, such as any amount over the guaranteed amount of \$50,000 in Part D Supplemental.
- B. If underwriting is required and coverage is approved, the effective date for the approved coverage will be the first of the month following the actual approval date on the Final Action Notice received from the insurance company approving the coverage. State agencies, employer groups, and higher education institutions, including the community colleges, will key these actions.
- C. If you enroll in Part B Basic Children Life or Part E Optional AD&D after 60 days from the eligibility date, the coverage becomes effective the first of the month following the signature date on the enrollment form. Part B Basic Children and Part E Optional AD&D do not require approval.

## **Enrollment -- Dependents**

### **Evidence of Insurability** (also known as underwriting)

Refer to the Evidence of Insurability section on page 13 of this manual to determine if enrollment of the dependent coverage will require underwriting by the insurance company.

### **Qualified Domestic Partner Coverage**

The same levels of coverage and underwriting requirements apply to a qualified domestic partner (and their children) of the employee as apply to a spouse of an employee. Coverage for qualified domestic partners is subject to qualification through the declaration certificate. Refer to Spouse or Qualified Domestic Partner Certification form HCA 50-704 for details.

The employee and spouse/qualified domestic partner must complete a Declaration of Marriage/Qualified Domestic Partnership form, which will be filed along with the employee's enrollment form. If the employee and qualified domestic partner have already completed this form for the medical insurance, a separate form will not be required for the life insurance. A copy of this form will be required along with enrollment information whenever a death claim on the dependent spouse/qualified domestic partner is submitted.

### **Enrolling a Spouse/Qualified Domestic Partner Without Evidence of Insurability**

If the employee requests spouse/qualified domestic partner coverage when the employee enrolls in the plan within the 60 day eligibility period, no underwriting is necessary for the dependent coverage, unless the employee requests more than the \$25,000 Part B Supplemental Spouse guaranteed issue amount. The employee indicates election of the dependent coverage on the enrollment form. The employee should complete Section 2, "Guaranteed Issue", of the enrollment form for each type of desired coverage. If the employee doesn't want a particular coverage, such as Part C, Optional Life, the employee should leave it blank.

Note: The request for spouse/qualified domestic partner coverage in Part B Supplemental Spouse cannot exceed 50% of the amount of coverage that the employee has in Part C and Part D combined, rounded to the next higher \$1,000. For example, if the employee has \$99,000 in Part C and Part D, combined, the amount of coverage requested in Part B Supplemental Spouse cannot exceed \$50,000.

If a covered employee wants to add dependent coverage within 60 days of a qualifying event (marriage, newly qualified domestic partnership or dependent of the qualified domestic partner, birth, adoption), no underwriting is required for the new dependent(s). Part B Basic Dependent Life Children does not require approval. Form HCA 50-704, Spouse or Qualified Domestic Partner Certification, is for employees requesting to add a spouse or qualified domestic partner to PEBB coverage.

Follow these steps to add dependent coverage:

1. The employee completes Section 1 Personal Information, Section 2 Type of Change, Section 3 Coverage, Section 4 if applicable, and Section 5 Beneficiary Designation of the Life Insurance Change Form. The employee signs and dates the form (Section 6 of the Life Insurance Change Form, HCA 50-055).

Enrollment – Dependents cont.

2. Review the form(s) for accuracy and completeness.
3. Provide the employee with a photocopy of the form. Attach the original to the employee's benefit enrollment form in your file, if any.
4. Enroll coverage on the Life Coverage screen, or for Higher Education institutions, on your payroll system.
5. If necessary, make the appropriate change in payroll deductions.

### **For Underwritten Spouse/Qualified Domestic Partner Coverage**

After receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage for the dependent(s), file the FAN with the employee's enrollment form or permanent records. (Higher education institutions need to take the appropriate action to enter the coverage on their payroll system and collect the appropriate premium. State agencies and employer groups key the decision on the Life coverage screen.)

### **Terminating Dependent Benefits**

If the employee wishes to cancel dependent benefits, follow steps 1 and 2 above. The employee needs to complete a Life Insurance Change Form indicating the coverage to be continued and the coverage to be terminated. The state agency or employer group needs to key the change on the Life Coverage screen effective the last day of the month in which the employee signed the Life Insurance Change Form. Higher Education institutions need to update their system. File the form in the employee's file.

### **The Following Special Requirement May Apply to Term Life:**

Part B Supplemental Spouse coverage may not exceed 50% of the employee coverage in Part C and D combined (rounded to the next higher \$1,000 if not a multiple of \$1,000). Refer to the Life Insurance Certificate of Coverage for the specifics of the plan or contact your Account Executive listed in the Quick Plan Reference section of this manual.

### **Dependents eligible to apply for coverage under Part B and Part E include:**

1. The employee's lawful spouse or qualified domestic partner (qualified through the declaration certificate or registration through the Washington Secretary of State). References to "spouse" in the Life Insurance booklet include qualified domestic partners.
2. Unmarried children 14 days or over, but under 24 years of age, who meet the definition of dependent as defined in WAC 182-12-260 including adopted from the time the child is physically placed with the employee and the employee assumes financial responsibility for the child's medical expenses; step-children; children of the employee's qualified domestic partner; and extended dependents approved by HCA. Extended dependents must be dependent upon the employee within the meaning of the Internal Revenue Code and under age 21 at the time of application for coverage. The employee must apply directly to the HCA to obtain approval for extended dependents.

## Evidence of Insurability

### Situations Requiring Evidence of Insurability

If the application falls into one of the situations listed below, an Evidence of Insurability (EOI) form must be submitted with the enrollment form. Coverage can only be made effective if approved by the insurance company.

- Application for employee and/or dependent coverage is signed more than 60 days after becoming eligible, or reinstatement is desired after coverage has been terminated. Part B Basic Dependent Life Children and Part E do not require approval.
- Applicant applies for more employee or spouse/qualified domestic partner coverage than the plan's Guaranteed Issue life coverage amount.
- Applicant wishes to increase the amount of employee or spouse/qualified domestic partner coverage currently in force.
- If the employee was previously on LWOP (leave without pay) and did not self-pay for his/her coverage.
- An employee is re-hired and coverage was converted when employment was previously terminated.

If coverage needs to be underwritten, payroll deduction for this coverage **should not begin** until a Final Action Notice has been received indicating approval of the coverage. Any coverage that requires approval should be pended by the agency; however, Higher Education institutions do not key the life coverage onto the Life Coverage screen.

### Evidence of Insurability Form

The Evidence of Insurability form is included in the Life Insurance Certificate of Coverage or is separately available through the HCA Warehouse or on the PEBB website: [www.perspay.hca.wa.gov](http://www.perspay.hca.wa.gov)

Instruct the employee to do **one** of the following with the completed EOI form:

- Send the completed EOI form directly to ING Employee Benefits (see next page for address).
- Return the completed EOI form to his/her payroll/personnel/benefits office.

The employee should keep a copy of the completed EOI form for his/her records.

If you have questions regarding the EOI form, contact your Account Executive listed in the Quick Plan Reference Section of this manual.

Evidence of Insurability cont.

**IMPORTANT!!**

- The amount to be underwritten is the dollar amount of coverage for which the applicant must show proof of good health (i.e. be medically underwritten for). The amount to be underwritten does **not** include coverage that can be issued **Guaranteed Issue** and does **not** include coverage already in force or already approved.
- **The employer must verify the appropriate amounts were entered in Sections 2 and 3 of the Life Insurance Enrollment Form or Section 3 of the Life Insurance Change Form. The employer must determine whether EOI is necessary.**
- The "**Current Coverage**" is the dollar amount of coverage that the applicant already has in force and/or can be issued without medical underwriting (Guaranteed Issue coverage).
- The amounts in Sections 2 and 3 of the Enrollment Form and Section 3 of the Change Form should always be entered as a dollar amount.
- **Each form supercedes all prior enrollment and/or change forms.**
- **It is important that the amounts indicated on the enrollment form are correct in order to prevent the requesting of unnecessary underwriting requirements such as exams, blood profiles, EKG's, etc.**

Evidence of Insurability forms are mailed to:



**ING Employee Benefits  
P O Box 20  
Route 7325  
Minneapolis MN 55440**

Evidence of Insurability cont.

### **The Underwriting Process**

ING Employee Benefits Medical Underwriting Department may take action based only on the information found on the EOI form or may do the following:

- Request an applicant's medical records directly from the applicant's physician or other health care provider.
- Write directly to the applicant requesting additional information.
- Request a physical examination and/or urinalysis, blood profile, EKG, etc.

The applicant is notified of additional underwriting requirements.

Final action will be determined, provided the EOI is complete and accurate, and no additional requirements are necessary. Depending on the amount of coverage applied for, complexity of the applicant's medical history, and/or delays over which ING Employee Benefits has no control, processing time may vary.

The **Final Action Notice (FAN)** is the document prepared by ING Employee Benefits showing approval, denial, or closure of the coverage.

- A FAN will be sent to the employee's Agency.
- A FAN will also be sent to the employee.
- Due to confidentiality issues, if an employee is declined for coverage or their file is being closed because medical underwriting requirements were not completed, a FAN will always be sent to the employee indicating the reason(s) for the decline or closeout action. A FAN will also be sent to the agency but the reason(s) for decline or closeout for this employee will not be indicated on the FAN.
- **If the employee is declined or his/her file is closed out (because underwriting requirements were not completed), coverage cannot be made effective.**

Evidence of Insurability cont.

### **Closed Files**

Each applicant's file is assigned a closeout date when the file will be closed if underwriting requirements are not received. The file will be closed if the requested information is not received. Coverage in a closed file cannot be made effective unless a "*Change of Action*" Final Action Notice is received at a later date.

If the necessary underwriting requirements are received after the file has been closed, based on the situation, one of the following will occur:

- An underwriting decision will be made at that time.
- The file will be re-opened and additional underwriting requirements will be ordered.
- If there has been a significant time delay, a new Life Insurance Enrollment Form or Change Form and Evidence of Insurability Form will be requested.

For questions or problems related to specific underwriting cases, you may call (612) 342-7262 or (800) 955-7736, ext. 7262.

If you wish to see an activity report regarding employees in your plan currently being underwritten, please contact your local Account Executive listed in the Quick Plan Reference section of this manual.

## **Certificate Booklets**

The Life Insurance Certificate of Coverage booklet is the insured's written record of coverage. The employer will distribute certificates to the insureds. Please refer to the certificate booklet for plan design and coverage details.

### **Supply of Certificate Booklets**

Certificates are available through the HCA Warehouse.

### **Distributing Certificate Booklets**

The booklets you will be distributing are 'No Name/No Effective Date' certificate booklets. This means that it is not necessary to identify the insured's name and the effective date of coverage inside the certificate booklet.

If there are riders indicating changes to the coverage or additional provisions for specific classes of employees, attach the appropriate rider to the certificate booklet prior to distribution. HCA or ING Employee Benefits will provide them to you so that you may attach the appropriate rider to the certificate booklet.

### **Additional Stickers and/or Notices**

You may receive supplies of stickers and/or notices that are applicable to residents of certain states. Stickers must be attached to the front of each certificate booklet and the notices must be distributed along with each certificate booklet to residents of those states.

## Coverage Cancellation by Insured

The insured may request cancellation or reduction of optional Life Coverage at any time.

### Processing a Request for Cancellation

1. The insured or assignee (if applicable) completes a new Life Insurance Change Form HCA 50-055. The form must be dated and signed. *See Assignment section on page 24.*
2. State agencies and employer groups should key the canceled/reduced coverage on the Life Coverage screen effective the end of the month in which the form was signed and dated. This will stop the payroll deduction for the canceled coverage or reduce the payroll deduction for the reduced coverage. Higher Education institutions need to take the appropriate action to stop or reduce the coverage on their system.
3. The agency/employer should keep the original Change Form in the employee's file and give a copy to the insured/assignee (*see page 34*).
4. The employer should make any premium adjustments necessary. Refunds cannot exceed 12 months.

**If you have questions, call or e-mail the Outreach and Training Team at the Health Care Authority: 1-800-700-1555 or email through website at**

<https://www.fuzeugna.com/perspay/consumer/question.asp>

## Changes

### Name Change

There are several reasons for name changes, such as:

- Marriage
- Divorce
- Court Order
- Name entered on the form originally was incorrect

Requirements when processing a name change:

1. The insured completes a Life Insurance Change Form, HCA 50-055. The form must be dated and signed. The agency may request a court order. Indicate "name change only" at the top of the enrollment form.
2. Attach it to the insured's most recent life enrollment or change form.
3. If a new Life Insurance Change Form HCA 50-055, is completed indicating "name change only", it does not supercede the prior enrollment or change form.

### Change of Address

Follow these steps when processing a change of address:

1. The completion of a Life Insurance Change Form, HCA 50-055, is optional, and if completed, should be clearly marked "address change only" at the top of the enrollment or change form.
2. The employer should attach the Life Insurance Change Form to the insured's most recent life enrollment form.
3. If a Life Insurance Change Form, HCA 50-055, is completed indicating "address change only", it does not supercede the prior enrollment form.

If you have questions, contact the Outreach and Training Team at the Health Care Authority, 1-800-700-1555, or email through the website: [www.fuzeqna.com/perspay/consumer/questions.asp](http://www.fuzeqna.com/perspay/consumer/questions.asp)

Changes cont.

**Non-Tobacco User (please see HCA Policy 909)**

An Amendment to Original Application form is available to request a change from tobacco-user to non-tobacco-user rates. This form (117064) must be used to amend the original enrollment form or application. This change does not require underwriting.

New employees or employees who are changing their coverage need to complete Section 4 of the Life Insurance Enrollment or Life Insurance Change Form.

If the employee is already insured and only wants to change his/her tobacco status, the employee needs to complete the Amendment to Original Application (117064). The agency needs to key "N" for nontobacco-user on the Life Coverage screen. **The nontobacco-user rate should become effective the first of the month following the signature date on the Amendment to original Application form.**

Follow these steps to make this change:

1. Give the employee the Amendment to Original Application (117064) to be completed, dated and signed.
2. To qualify for the nontobacco-user discount, the employee and his/her spouse (if he or she is covered under Part B Basic or Spouse's Supplemental) must not have smoked cigarettes, cigars, or pipes or used chewing tobacco or nicotine gum within the past 12 months.
3. The employer should attach the form to the insured's most recent life enrollment or change form.
4. The employer should key the nontobacco-user indicator on the Life Coverage screen **effective the first of the month following the signature date on the Amendment to original Application. This date may not be earlier than the current coverage effective date.**
5. Make any necessary premium adjustments.

If you have questions, call the Health Care Authority as listed in the Quick Plan Reference section of this manual.

## Beneficiaries

A beneficiary is the individual or entity designated to receive proceeds from the life coverage upon the insured's death.

The insured designates a beneficiary(ies) when completing the initial enrollment form for coverage. If there is not enough room on the enrollment form to list all beneficiaries, additional beneficiaries can be named on a separate piece of paper. The insured should list his/her own full name, date of birth, social security number, and group plan number on the sheet of paper, sign and date it, and attach it to the enrollment or change form.

Beneficiary designations should be kept up to date and reviewed when changes in status occur, such as:

- Marriage
- Name change
- Qualified domestic partnership
- Birth or adoption of a child
- Divorce
- Dissolution of qualified domestic partnership
- Death in the family

### **Beneficiary Designations Not Allowed**

- ⇒ The plan/policyholder cannot be named as beneficiary.
- ⇒ An organization or endowment should not be named as beneficiary unless it is certain that such an organization or endowment is a legal entity (i.e. it has a recognized legal existence such as a corporation, trust, or partnership).

### **Dependent Life Standard Designation**

- ⇒ The beneficiary for dependent coverage is always the insured, if living, to whose policy/certificate the dependent coverage is attached. This beneficiary cannot be changed.

### **Other Beneficiary Designations**

- Trust  
If a trust is named as beneficiary, the name of the trust, trustee, and date the trust was formed must be included on the form. At the time a claim is filed, ING Employee Benefits will request a copy of the trust and a statement from the trustee indicating the trust is in effect and the trustee is willing to act as trustee. If the named trustee isn't willing to act as the trustee, then the trust can't be the named beneficiary.

- Charity  
If a charity or other organization is named as beneficiary, the city and state of charity or organization must be included.

Before naming an organization as beneficiary, it should be verified as a recognized legal entity (refer to paragraph, Beneficiary Designations Not Allowed).

## Beneficiaries cont.

- **Irrevocable**                    An irrevocable beneficiary is one whose interest in the policy cannot be changed or reduced without his/her consent. The wording of the beneficiary designation must stipulate ‘irrevocable’. If an irrevocable beneficiary has been named at the time the insured enrolls in the life plan, both the insured and irrevocable beneficiary must sign the enrollment form. To change the beneficiary will require both signatures.
  
- **Secondary**                    A secondary beneficiary is the person designated to receive life insurance policy proceeds if the primary beneficiary should die before the insured dies. Secondary beneficiaries may be listed on the enrollment or change form. The insured should select the “Secondary” checkbox next to each secondary beneficiary named.

### **Spousal/Qualified Domestic Partner Consent**

ING Employee Benefits does not require spousal/qualified domestic partner consent for a beneficiary designation. This includes Enrollment forms, Change forms, and Beneficiary Designation forms for all states.

If the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, then it is suggested in these situations that spousal consent be obtained. However, ING Employee Benefits will not refuse a beneficiary designation that doesn't show spousal consent.

The community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

### **Change of Beneficiary**

If an insured wants to change his/her beneficiary(ies), follow these steps:

1. The insured completes a Beneficiary Designation form #114834. The form must be completed, dated and signed. For each individual named as a beneficiary, the following information should be included: full name, date of birth, Social Security Number, relationship to insured, address, and phone number.

**Note:** Refer to the backside of the Beneficiary Designation form for suggested beneficiary designation examples.

2. The employer should process the form as follows:
  - a) Verify that the form has been completed properly.
  - b) Verify the beneficiary is a standard designation (**refer to paragraph titled Non-Standard Designations**).
3. **The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.**


Beneficiaries cont.

### **Non-Standard Designations**

The Request for Change of Beneficiary form **must** be sent to ING Employee Benefits for approval in the following situations:

- The wording used in the request differs from the examples given on the reverse side of the Request for Change of Beneficiary form.
- The certificate has been assigned. *See Assignment section on page 24.*
- The previous beneficiary is irrevocable. An irrevocable beneficiary would typically be used when a divorce occurs where a life insurance benefit is awarded as part of the divorce decree. An irrevocable beneficiary could be changed if the beneficiary dies, at which time we would request proof of death, or if the irrevocable beneficiary agrees to the change.
- The employee is on Waiver of Premium claim.

### **Submitting a Request for Change of Beneficiary form for Approval (for Non-Standard Designations)**

1. Give the insured a Beneficiary Designation form #114834. Request that the form be completed, dated and signed.
2. Send the form to ING Employee Benefits for approval.
3. Send copies of all enrollment forms, change forms, signed letters, previous absolute assignments, and beneficiary changes related to the policy.
4. **Send all required documents to:**
  -  ING Employee Benefits  
Customer Service Route 6971  
P O Box 20  
Minneapolis, MN 55440-0020
5. When approved, the form will be returned to the employer. The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.

*Exception: If coverage is assigned, the assignee receives the original.*

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

## Assignment

An assignment is the legal transfer of all of one person's interest in a life insurance policy to another person. The original policyowner transfers (assigns) his or her right to any benefits from a policy to another person (the assignee).

Absolute assignments, which transfer ownership of a life insurance policy, are the only type of assignment allowed for group life policies.

**Collateral assignments, which are used to secure a loan, are not allowed.**


### IMPORTANT

- Once an assignment has been made, only the assignee can make beneficiary changes, assignments or apply for conversion. Both the insured and assignee must sign any re-enrollment forms.
- If the assignee dies before the insured, please contact ING Employee Benefits Customer Service for instructions (1-866-689-6990).
- The assignment does not change or revoke the beneficiary currently in effect. The assignee may change the beneficiary by completing a Beneficiary Designation form. If an irrevocable beneficiary is named, both the assignee and beneficiary must sign the Beneficiary Designation form.
- The assignment cannot be released, but a new assignment can be made by the current assignee.
- Assignments will be accepted only as provided in the group policy.

Assignment cont.

### **How to process an Absolute Assignment**

Follow these steps when processing the Absolute Assignment of Group Life Insurance form #114865:

1. Have the Absolute Assignment form completed, dated and signed by the insured and the assignee.
2. Mail the Absolute Assignment form to ING Employee Benefits for approval. Include copies of all enrollment forms, change forms, signed letters, previous absolute assignments and beneficiary changes related to the policy.
3. **Send all required documents to:**  
 ING Employee Benefits  
Customer Service Route 6971  
P O Box 20  
Minneapolis MN 55440-0020
4. When approved, ING Employee Benefits will return the approved Absolute Assignment form to the employer. **The employer should make a photocopy for their records and forward the original Absolute Assignment form to the assignee.**

**Important:** In the event of filing a claim, a copy of the Absolute Assignment form must be submitted to ING Life Claims. Refer to the Quick Plan Reference section of this manual.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

## Life Conversions

Our group life policies contain a conversion privilege which permits covered employees, covered spouses and eligible dependents to convert his/her life coverage to an individual policy. The conversion must be applied for within 31 days after the employee has terminated (or within 60 days for persons retiring and their dependents). A conversion is made without evidence of insurability.

Please refer to the Life Conversion Information Request Form (147077) and the Certificate of Coverage (booklet) for further details about the conversion privilege.

Some states have laws that require employers to notify previously covered participants of their conversion rights. The Certificate of Coverage provides information on life conversion. The Life Conversion Information Request Form (147077) is currently a part of the COBRA continuation packet or is available upon request.

**Note: If the employee or his/her insured dependents have been insured for less than five years on the date of discontinuance of the Group Policy, the employee or insured dependent will not be entitled to an individual policy of Life Insurance under the Conversion of Life Insurance provision.**

### Follow this procedure to process a life conversion:

1. Complete the **top portion** of the Life Conversion Information Request Form (147077). Give to the employee or eligible dependent upon loss of coverage:
  - Life Conversion Information Request Form
  - Premium Rates for Whole Life Conversion Policies (page 2 of the above form)
  - Conversion of Your Group Life Insurance Coverage brochure

Make a photocopy of the Life Conversion Information Request Form to be retained in your files.

2. The previously covered participant is responsible for completing the **bottom portion** of the form (147077) and mailing it to ING Employee Benefits at the address indicated on the bottom of the form. The form must be received by ING Employee Benefits within 31 days after termination of group coverage or within 60 days for persons who are retiring and their dependents.

ING Employee Benefits will send the appropriate information and application directly to the insured or eligible dependent. From this point on, the insured will deal directly with ING Employee Benefits.

**If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.**

## Claims

**ING Employee Benefits strives for the prompt payment of all insurance benefits. To assist us in the timely processing of claim payments, we greatly appreciate your cooperation in making sure all claim forms are completed properly before mailing to ING Employee Benefits. Incomplete and unsigned forms will delay processing.**

Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

### **ING Personal Transition Account**

If the total amount payable to a claimant is greater than \$5,000 an ING Personal Transition Account will generally be issued for the insurance policy funds. It is a secure account that earns a competitive interest rate. The funds are accessed by using checks from a checkbook provided to the claimant.

A **check**, rather than the ING Personal Transition Account, is issued under the following circumstances:

- If the proceeds are less than \$5000
- If the beneficiary resides in a foreign country
- If the claim is for dismemberment
- If the beneficiary resides in a state where the ING Personal Transition Account is not available

### **Claim Forms**

Because some states require specific wording on claim forms, the appropriate claim forms must be used. Please refer to the **Ordering Supplies** section to select the correct claim form(s).

Claims cont.

### Requirements to File a Death Claim

1. Complete the appropriate Death Claim form #115446. The Employer Certification section must be signed by an authorized agency representative.

Note: The date last worked and the status of the employee at the date of death are also needed to verify eligibility for benefits on dependent claims. The dependent claim section should be completed only in the case of the death of a dependent.


- 2a. If the beneficiary will receive less than \$5,000, give the beneficiary a copy of the Settlement Options Summary along with the Death Claim form. Each beneficiary must receive the Settlement Options Summary.
- 2b. If the beneficiary will receive \$5,000 or more, give the beneficiary a Settlement Options Brochure along with the Death Claim form. Each beneficiary must receive a brochure.
3. If the claim is for \$5,000 or more, the beneficiary **must** complete, date, and sign the Beneficiary Statement section of the Death Claim form. **Each beneficiary must complete a Beneficiary Statement.** If there are multiple beneficiaries, make a photocopy of the Death Claim form to send to each beneficiary for his/her signature.

Each enrollment form or Beneficiary Designation form supercedes the previous enrollment form or Beneficiary Designation form, so the named beneficiary is the person(s) that is listed on the most recent form.

If there is no beneficiary designation, refer to the Life Insurance Certificate of Coverage, Question #7, "Who is my Beneficiary?"

4. Have the beneficiary complete, date and sign the IRS Form W-9. Each beneficiary must complete a W-9. If the beneficiary is not a U.S. citizen or organization, please contact ING Life Claims for more information.
5. Obtain an original certified copy of the official Certificate of Death issued by the Bureau of Vital Statistics.
6. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes related to the insured's coverage.
7. If newspaper clippings of the death are available, please send them with the required forms. A clipping can often speed claim payment since it may adequately answer questions that would otherwise require correspondence.
8. If a trust is named as the beneficiary, contact ING Life Claims for a Trust Verification form which must be completed by the trustee.
9. If the beneficiary is a minor, a certified copy of the Letters of Guardianship for the minor's estate may be required under some circumstances. Payment is made to the legal guardian. If this situation arises, contact ING Life Claims. Please refer to the Life Insurance Certificate of Coverage, Beneficiary Section.

Death Claim cont.

10. If the employee did not name a beneficiary, or if the named beneficiary predeceased the employee, payment will be made in accordance with the terms of the group policy. If this situation arises, contact ING Life Claims.
11. Send all required documents to:  
 ING Life Claims  
P O Box 1548  
Minneapolis MN 55440

This includes:

- Death Claim Form #115446
- A signed IRS Form W-9
- A copy of all Life Insurance Enrollment Forms
- A copy of all Life Insurance Change Forms
- A copy of all Beneficiary Designation Forms
- A copy of all Amendment to Original Application or Nonsmoker Certification forms
- A copy of any Absolute Assignment
- An original Certificate of Death
- Any newspaper clippings regarding the death, if available
- Trust Verification form completed by the trustee, if applicable
- A certified copy of the Letters of Guardianship for the minor's estate, if applicable

Claims cont.

### Requirements to File Accelerated Benefit Claim


Note: The accelerated benefit may be payable if an insured has a terminal condition and a life expectancy of no more than two years (24 months). Refer to your Life Insurance certificate for complete details.

1. Verify eligibility: the insured must have at least \$10,000 of term life coverage. **The applicant must request this benefit in writing.**
2. Complete the Employer's Statement section of the Accelerated Benefit Claim form #121583. The Employer Certification section must be signed by an authorized agency representative.
3. Give the following to the insured:
  - Accelerated Benefit Claim form #121583
  - IRS Form W-9
  - Disclosure Statement #121978
  - Authorization for Release of Health-Related Information form #127182
  - Consumer Privacy Notice #116249
  - Attending Physician's Statement of Terminal Condition form #121489
  - Two ING Life Claims return envelopes

Have the insured complete and sign the Insured's Statement section of the Accelerated Benefit Claim form #121583, an IRS Form W-9 and the Authorization for Release of Health-Related Information form #127182. The insured can send these forms directly to ING Life Claims.

The Attending Physician's Statement of Terminal Condition form #121489 must be completed and signed by the insured's attending physician. The insured will provide a return envelope to the attending physician who will send the Attending Physician's Statement of Terminal Condition form directly to ING Life Claims.

4. If there is an irrevocable beneficiary or assignee on the policy, or if the insured resides in a community property state, the appropriate releases on the back of the claim form must also be completed and signed.
5. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments and beneficiary changes related to the insured's coverage with a photocopy of the Accelerated Benefit Claim form #121583. Send all required documents to:

 ING Life Claims  
P O Box 1548  
Minneapolis MN 55440

This includes:

- A copy of the Accelerated Benefit Claim form #121583
- A copy of all Life Insurance Enrollment Forms
- A copy of all Life Insurance Change Forms
- A copy of all signed letters regarding the insured's life insurance coverage
- A copy of all beneficiary changes
- A copy of all Amendment to Original Application or Nonsmoker Certification forms

Claims cont.


### Requirements to File an Accidental Dismemberment Benefit Claim

Note: The dismemberment benefit may be payable to an insured who suffers a covered loss as the result of an accidental injury. For a complete listing of the conditions that constitute dismemberment, see the Life Insurance certificate.

1. Verify the insured has the AD&D benefit on his/her coverage and request any accident reports that are available.
2. Complete the Employer's Statement section of the Accidental Dismemberment Claim form #116486. The Employer Certification section must be signed by an authorized company representative.
3. Give the following to the insured:
  - Accidental Dismemberment Claim form #116486
  - Authorization for Release of Health-Related Information form #127182
  - Consumer Privacy Notice #116249
  - Attending Physician's Statement of Dismemberment form #116150
  - Two ING Life Claims return envelopes

Have the insured complete and sign the Insured's Statement section of the Accidental Dismemberment Claim form #116486 and the Authorization for Release of Health-Related Information form #127182. The insured can send these two forms directly to ING Life Claims.

4. The Attending Physician's Statement of Dismemberment form #116150 must be completed and signed by the insured's attending physician. The insured will provide a return envelope to the attending physician so the physician can send the form directly to ING Life Claims.
5. Submit copies of any accident reports or newspaper clippings that are available. However, do not delay submitting the claim if this information is not available.
6. Submit copies of all enrollment forms, change forms, signed letters, and absolute assignments related to the insured's coverage. Send all required documents to:

 ING Life Claims  
P O Box 1548  
Minneapolis MN 55440

This includes:

- A copy of the Accidental Dismemberment Claim form #116486
- A copy of all Life Insurance Enrollment Forms
- A copy of all Life Insurance Change Forms
- A copy of all Request for Change of Beneficiary Forms
- A copy of all Amendment to Original Application or Nonsmoker Certification forms
- A copy of any Absolute Assignment related to the insured's coverage
- A copy of any signed letters relating to the insured's life insurance coverage
- A copy of any accident report or newspaper clippings that are available regarding the accident

Claims cont.

### Requirements to File a Waiver of Premium Claim

Note: The waiver of premium benefit allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled. Refer to the Life Insurance Certificate for further information and specific requirements about the disability waiver of premium benefit.

1. Verify eligibility: This plan requires that the insured must be disabled prior to age 60 and the disability must continue at least six months. Total, but not permanent, disability is required to qualify for this benefit.
2. Complete the Employer's Statement section of the Waiver of Premium Disability Claim form #115591. The Employer Certification section must be signed by an authorized agency representative.

Make a copy of the Waiver of Premium Disability Claim form #115591 and send to ING Life Claims. Give the original form to the employee to complete (*see step 3*).


3. Give the following to the insured:
  - Waiver of Premium Disability Claim form #115591
  - Authorization for Release of Health-Related Information form #127182
  - Consumer Privacy Notice #116249
  - Attending Physician's Statement of Disability form #115754
  - Two ING Life Claims return envelopes

Have the insured complete and sign the Insured's Statement section of the Waiver of Premium Disability claim form and the Authorization for Release of Health-Related Information form and send directly to ING Life Claims.

Waiver of Life Insurance Premium claim packets may be requested from the HCA Warehouse online at: [www.perspay.hca.wa.gov](http://www.perspay.hca.wa.gov).

These forms are included in the Waiver of Life Insurance Premium claim packet.

4. The Attending Physician's Statement of Disability form #115754 must be completed and signed by the insured's attending physician. The insured will provide a return envelope to the attending physician so the physician can send the form directly to ING Life Claims.
5. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes related to the insured's coverage. Send all required documents to:

 ING Life Claims  
P O Box 1548  
Minneapolis MN 55440

This includes:

- A copy of the Waiver of Premium Disability Claim form #115591
- A copy of all Life Insurance Enrollment Forms
- A copy of all Life Insurance Change Forms
- A copy of all Request for Change of Beneficiary Forms
- A copy of all Amendment to Original Application or Nonsmoker Certification forms
- A copy of any Absolute Assignment
- A copy of any signed letter relating to the insured's life insurance coverage

Claims cont.

Waiver of Premium claim cont.

ING Employee Benefits will notify you in writing of the approved effective date for the waiver of premium claim. State agencies and employer groups key the waiver in the insurance system if the coverage has not been terminated.

Higher education institutions must take their own steps to stop premium deductions on their payroll system, with the exception of The Evergreen State College.

### **Termination of Coverage**

Refer to the Life Insurance Certificate for information about when the employee and dependent coverage ends. If the insured's Waiver of Life Insurance Premium claim is approved, you need to terminate the insured's Part E coverage, if any, on the Life Coverage screen effective the last day of the month in which the insurance company approved the Waiver of Life Insurance Premium Claim.

**If the employee or his/her insured dependents dies within the 31/60 day period (that is available to them for life conversion), the insurance company will pay, whether or not the insured or insured dependent made application for an individual policy, the maximum amount of life insurance for which an individual policy could have been issued.**

## Glossary

<b>Amendment</b>	<p>This is a request from ING Employee Benefits Medical Underwriting Department for additional information to be answered by the individual. An amendment is not a request for medical records and should not be completed by the individual's physician.</p> <p><i>NOTE: This definition of an "amendment" is different than the definition of an "amendment" for a group contract.</i></p>
<b>Approved</b>	<p>Individual has been underwritten by Medical Underwriting; coverage can become effective, payroll deductions begun, and certificate may be distributed.</p>
<b>Assignee</b>	<p>The person to whom the rights or interest of a policy are transferred.</p>
<b>Assignment</b>	<p>The legal transfer of all of one person's interest in a policy to another person.</p>
<b>Assignor</b>	<p>The person who transfers the legal rights of his or her coverage.</p>
<b>Beneficiary</b>	<p>The person to whom the proceeds of a life insurance policy are payable at the death of the insured.</p>
<b>Blood Profile</b>	<p>Individual's blood is drawn by a qualified technician and sent to a designated laboratory to be analyzed for blood chemistries regarding diabetes, kidney and liver, hyperlipidemia and HIV.</p>
<b>Certificate</b>	<p>The certificate booklet that the insurance company prepares for an individual insured under a master group policy.</p>
<b>Change of Action</b>	<p>The underwriting department indicates this on the final action notice (FAN) if there is a change or revision made to the original approval of an applicant's coverage - i.e., amount of coverage applied for is adjusted or a file is re-opened when requirements have been received after the file was initially closed.</p>
<b>Claim</b>	<p>A demand presented, usually by the beneficiary, for payment of benefits under an insurance policy.</p>
<b>Claim Form</b>	<p>A claim form is submitted to the Claim Department after coverage is effective (not to be confused with the EOI Form) to collect benefits when a covered loss occurs.</p>
<b>Closed-Out</b>	<p>The underwriting process is stopped and coverage does not become effective. Common reasons for a Medical Underwriting file to be closed out:</p> <ol style="list-style-type: none"><li>1. Underwriting requirements for an individual have not been received by Medical Underwriting; coverage is not effective.</li><li>2. Request for coverage is withdrawn; the employee terminated; the plan canceled - coverage is not effective.</li><li>3. Individual did not need to be underwritten; EOI was submitted in error - coverage is already effective.</li></ol>

Glossary cont.

<b>Conversion</b>	The exchange of a term life insurance contract for a whole life or endowment contract in accordance with the terms of the policy provisions granting that right.
<b>Declined</b>	Individual has been underwritten by Medical Underwriting and coverage not approved; coverage is not effective.
<b>Effective Date</b>	The date the insured is actually covered under the insurance contract; the date following the insured's eligibility period, or the date of approval by Medical Underwriting, unless indicated otherwise in the contract.
<b>EKG</b>	This is a request for a resting electrocardiogram (not an exercise or stress test).
<b>Evidence of Insurability (EOI)</b>	This is the Evidence of Insurability Form submitted to Medical Underwriting to provide proof of good health (not to be confused with a claim form or an enrollment form).
<b>ERISA</b>	Employee Retirement Income Security Act (1974) - Federal legislation establishing a comprehensive set of laws pertaining to employee benefit plans.
<b>Examination</b>	Individual must have a physical exam to obtain coverage. This "insurance physical" is done by a designated paramedical company and is done at the insurance company's expense.
<b>FAN</b>	Final Action Notice. Sent out by ING Employee Benefits Medical Underwriting Department to indicate status of an application for coverage: approved, declined, or closed.
<b>Guaranteed Issue</b>	Coverage issued without the applicant answering health related questions or undergoing a physical exam. Not available on all plans.
<b>Medical Records</b>	This is a request for the individual's medical records from his/her medical provider. An advance notice is sent to the individual. However, the individual does not need to do anything regarding this request for records. A designated company will obtain these medical records for Medical Underwriting at the insurance company's expense.
<b>Proceeds</b>	The amount of money payable under a policy at the death of an insured.
<b>Rider</b>	A special policy provision which may be added to a policy to expand or limit the benefits otherwise payable.
<b>SPD</b>	Summary Plan Description - A small booklet with brief information about the plan and its administration. The group's employees received the SPD with other plan materials.

Glossary cont.

- Specimen** This is a request for a urine specimen, which must be sent to a designated laboratory for analysis. A special specimen kit must be used for this urinalysis, and the analysis is done at the insurance company's expense.
- Term Insurance** Life insurance under which the benefit is payable only if the insured dies during a specified period of time or term, nothing being payable if insured survives to the end of the term.
- Waiting Period** The period of time that controls the date that waiver of premium benefits begin after the insured is disabled.