

REQUEST FOR GROUP LIFE INSURANCE BENEFITS

(PROOF OF DEATH FOR GROUP INSURANCE)

INSTRUCTIONS:

1. Claimant please fill in and sign SECTION 1 below.
2. Certified Death Certificate must be included in proofs.
3. Attach copy of police report.
4. Attach copy of toxicology report and autopsy report.
5. Submit this form to Employer for completion of SECTION 2.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a notice of claim containing any false, incomplete or misleading information may be guilty of a criminal act punishable under law.

SECTION 1

CLAIMANT'S STATEMENT

Deceased's Name:

Deceased's Address:

Name of Insured Employee:

Deceased's S.S. Number:

Name of Employer:

Group Policy Number:

Deceased Date of BIRTH:

Deceased's Date of DEATH:

Place of Death (if in hospital, give name and address of hospital):

Cause of Death:

SECTION 1 continued...

| | | | |
|--------------------------------------|--|-------------------------|-------------------------|
| Your Name: | | Your Date of Birth: | |
| State Your Relationship to Deceased: | | Your Home Phone Number: | Your Cell Phone Number: |
| Your Address: | | | |

By my signature below, I hereby certify the following:

- I have completed this form to the best of my knowledge and belief and the information it contains is true and complete.
- I agree that by furnishing this form and investigating the claim, UnitedHealthcare Insurance Company shall not be held to admit validity of any claim, or waive any of its rights, or any of the conditions of the policy.
- I authorize UnitedHealthcare Insurance Company to obtain any medical or hospital records on the deceased. A copy of this authorization will be as valid as the original.
- I authorize OptumHealth Bank, Inc., Member FDIC, ("Bank") to open an interest bearing deposit account in my name ("Account") and in the event that I am eligible and an Account is opened by the Bank, I hereby direct UnitedHealthcare Insurance Company to transmit all payable claim proceeds of \$5,000 or more to such Account. I agree that if the payable proceeds are less than \$5,000, or I am ineligible to open an Account with the Bank, I will, subject to the terms and conditions of the policy, receive a check directly from UnitedHealthcare Insurance Company for any benefit.
- I understand and agree that my Account will be established and governed by the Bank's Account Terms and Conditions, including the Bank's Privacy Policy, which will be given to me if and when my Account is opened and the Bank's Schedule of Fees, which I have received.
- I understand that in conjunction with my Account, I will be issued a Wealth Management Account Debit MasterCard® ("Card") and hereby acknowledge that by using the Card to access my Account, I agree to abide by the terms and conditions of the Wealth Management Account Card Agreement provided to me with my Card.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interests or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

| | | |
|--|-----------|-------|
| _____ | _____ | _____ |
| Social Security Number or Taxpayer Identification Number | Signature | Date |

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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Security, Convenience,
Competitive Interest Rates
and Flexibility.

To help you through what can be a confusing, difficult and emotional time, we have created an OptumHealth Bank Wealth Management AccountSM. This account will give you time to decide how to use the insurance proceeds you receive. If the amount payable to you is \$5,000 or more and your account is approved by the bank, a Wealth Management Account will be established.

What Does a Wealth Management Account Provide?

Security

Because a Wealth Management Account from OptumHealth Bank is an FDIC-Insured account, you can be sure that your insurance proceeds are secure and will be there for you when you are ready to use them.

Convenience

Funds from the account are readily accessible by either writing a check or using the Wealth Management Account Debit MasterCard[®]. Monthly account statements are provided to show all transactions made to the account.

Competitive Interest Rates

Interest begins to accrue on the account immediately. Even if you need time to decide what you plan to do with the money in the account, you will still earn a competitive interest rate from the date the account is established.

Flexibility

There is no limit on the number of debit card transactions or checks that can be utilized during the month and all or part of the money in the account can be withdrawn at any time, without penalty. Please see the schedule on the reverse for applicable account fees.



What Happens After a Claim is Filed?

New Account Welcome Letter

After a claim has been approved and processed and you return the required documentation, a Wealth Management Account will be established in your name. You will receive a welcome letter with your account information from OptumHealth Bank within 5 business days.

Wealth Management Account Debit MasterCard

You will receive a debit card for the account within 5 business days from the time the account is opened. Once the card is activated, by following the instructions that come with the card, access to the funds in the account will begin immediately.

Free Wealth Management Account Checkbook

A free initial checkbook with checks and deposit slips will be provided for the account. The checkbook will be mailed within 7 business days after the account has been established. Should you need access to funds prior to that time, withdrawal requests can be made by calling customer service at 1-866-257-3383.

SCHEDULE OF FEES

Your Wealth Management AccountSM has no monthly maintenance fee; however, some special circumstances could cause you to incur a fee. OptumHealth Bank wants you to understand the possible fees your account could be charged and has outlined ways to avoid fees in the chart below.

Remember, by using your Wealth Management Account Debit MasterCard[®] you can avoid many of these fees. When you use your Debit Card to pay for expenses, your monthly statements will show you exactly where you spent your account funds.

Standard Fees

| | |
|-------------------------|--|
| Monthly Maintenance Fee | <p>NO FEE – Regardless of your balance, you will not be charged a monthly maintenance fee on your account.</p> <p>Your account includes the following services at NO CHARGE:</p> <ul style="list-style-type: none"> • Wealth Management Account Debit MasterCard – to pay charges directly • Monthly Paper Statements |
|-------------------------|--|

Special Circumstance Fees

| FEES | AMOUNTS | HOW TO AVOID FEES |
|---|--|---|
| ATM Withdrawal with Debit Card | \$1.50 per transaction. In addition to our fee, the bank/ATM you use to withdraw funds will charge you their own fee. | Use your Debit Card anywhere Debit MasterCard is accepted. |
| Electronic Funds Transfer (EFT) Fees: | | To access your account funds free of charge: We recommend using your Debit Card anywhere Debit MasterCard is accepted. |
| ACH Fee (Automated Clearing House) Applies to <i>Withdrawals</i> Only | 1st time free per year; thereafter, \$5.00 – An ACH lets you transfer funds from one account to another. | |
| Wire Transfer Fee (wires sent and received) | \$20.00 – A wire transfer lets you move money electronically when you need it more quickly. | |
| Check Order Fee | You will receive your initial order of checks at NO CHARGE . For additional checks, the cost is \$7.50 for a book of 10 checks and 5 deposit tickets. | To avoid the need to reorder checks, use your Debit Card whenever possible. |
| Official Check Fee | \$10.00 | Withdraw funds using your Debit Card or write a check. |
| Return Non-Sufficient Funds (NSF) Item Fee | \$25.00 – A fee will occur as a result of a check, in-person withdrawal, ATM withdrawal or other electronic withdrawal when funds are not available in your account. | Be sure you have funds in your account before making a withdrawal. |
| Returned Deposited Item Fee | \$15.00 | Have funds available to cover the amount of any item you deposit into your account. |
| Stop Payment Fee | \$15.00 | You would only incur this fee if you request OptumHealth Bank to stop payment on a check or an electronic funds transfer. |
| Research Fee | \$10.00 per hour | Save your receipts and use your Debit Card. |
| Copy of Debit Card Receipt for Payments | \$25.00 | Save your receipts when using your Debit Card. |
| Statement Copy Fee | \$10.00 per request | Keep your monthly account statements in a safe place so you can reference them free of charge. |

*OFFERED BY OPTUMHEALTH BANK, MEMBER FDIC.