



The Standard[®]

Standard Insurance Company
Life Benefits Department 866.756.8115 Tel 971.321.5836 Fax
PO Box 2800 Portland OR 97208

Oregon Educators Benefit Board Life Insurance Benefits Death Notification

Please use this form to notify The Standard when you believe the deceased may have Life Insurance coverage through the Oregon Educators Benefit Board. The Standard will research this notification and contact the Beneficiary if there is existing coverage. If you have any questions, please call 866.756.8115 or email us at lifebenefits@standard.com.

YOUR INFORMATION

Your Name (Last, First, Middle)	Phone No.	Date	
Your Address	City	State	Zip
Your relationship to the decedent (e.g., spouse, child, parent, personal representative or executor of estate, etc.)			

DECEASED INFORMATION

Name of Deceased			
Address of Deceased		City	State Zip
Date of Death	Deceased was: <input type="checkbox"/> Member <input type="checkbox"/> Dependent	Member's Employer/Educational Entity	
Group Name Oregon Educators Benefit Board		Group No. 646595	

ACKNOWLEDGEMENT AND ELECTRONIC SIGNATURE

By clicking the Submit button below, I acknowledge that I am signing this document electronically. I understand that this electronic signature shall be enforceable under applicable state or federal law and is equivalent to a manual signature.
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