



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 Link 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 UniCare.

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: 1-800-552-2137. Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.

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

Sincerely,

UniCare Life Claims



LOSING A LOVED ONE

A List of Reminders

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 many of 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 the 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 sheet on the back 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 housesitter 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.



UNICARE®

A Healthy Dose of Innovation®

UniCare is a WellPoint Company

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.
- File for any death or survivor benefits that may apply by notifying the U.S. Social Security Administration at (800) 772-1213.
- Contact the U.S. Department of Veterans Affairs for benefits if the deceased was a veteran by calling (800) 827-1000.
- 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



Coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), UniCare Health Plans of the Midwest, Inc. (HMO in IN & IL only), UniCare Health Plan of Virginia, Inc. (HMO in Virginia only), UniCare Health Insurance Company of Texas (TX only) or UniCare Health Plans of Texas, Inc. (HMO only in TX). [®] Registered mark and SM service mark of WellPoint, Inc. © 2008 WellPoint, Inc.

RESOURCE LINK



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. UniCare Resource Link 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 Link website never closes, so helpful resources are just a click away!

Accessing Resource Link

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

Helping children deal with loss

UniCare would like to provide the children in your life a copy of *The Healing Book*, a children's book to help them deal with loss. This sensitive book helps young children understand the grieving process. To receive a free copy of this book, log on to the Resource Link web site. Click on Personal Concerns > Personal Concerns Web Resources>Grief and Loss/End of Life Issues>The Healing Book, then enter your shipping information. We'll send a copy of the book to the child.

Need help?

You also get free and confidential access to work/life resources on the Resource Link 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 Link, cut out and carry the wallet card below.



For toll-free, 24/7 telephone consultation and referral services, call **(888) 209-7840** or visit **www.resourcelink.unicare.com** and login with your program name: **resourcelink**.

How to Complete Your Beneficiary Claim Form

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

UniCare Life & Health Insurance Company (UniCare) 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.

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 may 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 us 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: Benefit Payment Method

Benefits of \$10,000 or more are paid through the Access Advantage Account. If you wish to receive a lump sum payment check instead of an Access Advantage Account, check the box in Section 3.

Section 4: 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 UniCare 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. UniCare retains its rights to make these determinations.

FOR GROUP POLICHOLDER USE ONLY

Group Number 0000107103	Group/Employer Name Marine Corps Non-Appropriated Fund
-----------------------------------	--



BENEFICIARY CLAIM FORM

UniCare Life & Health Insurance Company
 Life Claims Service Center
 P.O. Box 105448
 Atlanta, GA 30348-5448
 800-552-2137

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.

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: Benefit Payment Method

Claims in the amount of \$10,000 or more are paid through the Access Advantage program as described above. If you would rather receive a lump-sum check for a claim of \$10,000 or more, please check here:

SECTION 4: 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 UniCare Only			
Examiner	Claim #	Date Approved/ Denied	Total (Benefit + Interest)

EMPLOYER: Please return all forms (including Death Certificate) to:

UniCare Life & Health Insurance Company
 Life Claims Service Center
 P.O. Box 105448
 Atlanta, GA 30348-5448

Life and Disability products underwritten by UniCare Life & Health Insurance Company. ® Registered mark and SM service mark of WellPoint, Inc. Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun 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 0000107103		OR	2 Case		3 Group Marine Corps Non-Appropriated Fund	4 Suffix or Division
TO WHOM DO YOU WISH US TO DIRECT ALL CORRESPONDENCE ON THIS CLAIM?	5 Company			6 To the attention of		
	7a Telephone No.		7b Fax No.		8 Mailing Address	
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 UniCare
Type of Insurance	Amount of Insurance	Increase	Decrease	Date	16 Job Title and Class Number (per life insurance schedule)	
Basic Life	\$	\$	\$			
Opt/Add'l/ Supp Life	\$	\$	\$			
AD&D	\$	\$	\$		17 Date Last Worked	
Supp AD&D	\$	\$	\$	18 Date of Death		
TOTAL				19 Had insurance been terminated prior to death? <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 <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				23 Was insured considered a member/employee at the time of death? <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 <input type="checkbox"/> Husband <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Wife <input type="checkbox"/> Child		30 If spouse, was he/she divorced or legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No		31 If child, was he/she 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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Date employed:
33 Date dependent insured under UniCare insurance		34 Was insurance terminated <input type="checkbox"/> No <input type="checkbox"/> Yes - date		35 Amount of dependent's insurance claimed \$		36 Date of dependent's death
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 coroner/medical examiner'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			
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						
Policyholder or Employer			By (Signature & Title of Policyholder's Authorized Representative)		Date	

The laws of some states require us to provide you with the following information:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware and Idaho: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps to commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.

New Jersey: A person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: A person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact materials thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.