

ATLANTA IRON WORKERS LOCAL UNION NO. 387 WELFARE FUND

LIFE INSURANCE

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Policy Number: 890690

What is Needed to File a Claim?

Participant Death Claim

\$20,000

Administrator

- Part I – Employer’s Statement
- Beneficiary Designation Card
- Verify Eligibility
- Submit Completed Forms to Hartford

Beneficiary

- Part II – Beneficiary’s Statement
- Authorization to Obtain and Disclose Information
- Death Certificate
- Funeral Home Assignment, if any
- Provide above to Administrator

Accidental Death Claim (only Participant is Eligible)

Additional \$20,000

Same form as Participant Death Claim

Administrator

- Same as Participant Death Claim

Beneficiary

- Same as Participant Death Claim
- Claimant’s Statement of Accidental Death
- Accident Report

Dependent Death Claim

\$2,000

Same form as Participant Death Claim

Administrator

- Part I – Employer’s Statement including Dependent Information Section
- Verify Eligibility
- Submit Completed Forms to Hartford

Participant

- Same as Participant Death Claim
- School Enrollment Verification, if any

Dismemberment Claim

Percentage of \$20,000

Administrator

- Part I – Employer’s Statement
- Verify Eligibility
- Submit Completed Forms to Hartford

Participant

- Claimant’s Statement of Accidental Dismemberment
- Authorization to Obtain and Disclose Information
- Accident Report
- Attending Physician Statement
- Provide above to Administrator