

## Living Benefit

The Living Benefit provision provides members with an option to apply for up to half of their Life Insurance benefit less a \$300 processing fee.

To be eligible a member must:

- be diagnosed with a terminal condition that will result in a life expectancy of 12 months or less,
- Have an OLIPP Beneficiary Designation form on file.

For more information or if you would like to request for a Living Benefit Claim form, please contact the Trust Enrollment Department.

## Minor Child Life Claim

Member's who are under the age of 18 are not able to designate a beneficiary(ies). The following naming sequence will be followed to determine who may claim the life insurance benefit in the event of a Minor Child's death.

- (1) Surviving spouse or, if none
- (2) Surviving children (natural or legally adopted) in equal shares; or, if none
- (3) Surviving Legal Guardian(s) in equal shares; or, if none
- (4) Surviving parent(s) in equal shares; or, if none
- (5) Surviving siblings in equal shares; or if none
- (6) Surviving grandparent(s) in equal shares

If there are no survivors listed (1) through (6) above, the death benefit will be paid to the Oneida Nation OLIPP Premium Stabilization Fund

In the event of a Minor Child's death, please be prepared to provide one (1) Original State Certified Birth Certificate and parental or legal guardian information including:

- (1) Full Legal Name
- (2) Current Mailing Address
- (3) Social Security Number
- (4) Court ordered Guardianship paperwork, if applies



### Latiwista?nunha okhale Lati?shanalo'loks

(They Take Care of the Money and They Gather the Names)

**If you have additional questions please contact the Trust Enrollment Department.**

Yawako

Oneida Trust Enrollment Department

PO Box 365  
Oneida WI 54155

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Oneida Trust Enrollment Department



▶ Oneida Life  
Insurance Plan  
Plus (OLIPP)

# What is OLIPP?

OLIPP (Oneida Life Insurance Plan Plus) is a \$ 15,000 term life insurance policy available to all Enrolled Oneida Tribal Members ,

## OLIPP Benefit Provisions

- (1) Living Benefit (see Living Benefit section)
- (2) Adult Life Claim (see Life Claim Process section)
- (3) Minor Life Claim (see Minor Child Life Claim section)

## Beneficiary Designation Form

The purpose of the Beneficiary Designation form is to ensure your benefit is paid out as you intended.

If NO Beneficiary Designation form is on file the following naming sequence will be used.:

Members Over the Age of 18

- (1) Surviving spouse; or, if none
- (2) Surviving children (natural or legally adopted) in equal shares; or, if none
- (3) Surviving grandchildren in equal shares; or, if none
- (4) Surviving parent(s) in equal shares; or, if none
- (5) Surviving siblings in equal shares; or, if none

If there are no survivors listed (1) through (5) above, the death benefit will be paid to the Oneida Nation OLIPP Premium Stabilization Fund

Notes:

- (1) For Members Who are Minors, see Minor Child Life Claim section for Naming Sequence.
- (2) For anyone designated as a Guardian/Power of Attorney see the Guardian/Power of Attorney section.

## Designated Primary Beneficiary

If you wish to have your benefit proceeds used to pay your burial expenses, then check the box under Section B which states "I authorize the Trust Enrollment Department to request payment of my funeral expenses". Please read the Spousal Waiver section if you are married.

Note: Any remaining benefit proceeds will go to the beneficiaries listed.

Note: If you are married and wish to name someone other than your spouse, the spousal waiver must be signed, otherwise the Trust Enrollment Department cannot comply with the Designated Primary Beneficiary request.

## Primary Beneficiary

The Primary Beneficiary is the first in line to receive the proceeds as long as the beneficiary is alive and legally capable of receiving the benefit proceeds.

## Contingent Beneficiary

The Contingent Beneficiary will receive the proceeds only if all primary beneficiaries are deceased or are not eligible due to disqualification by law. (Example, you elect your spouse as the primary beneficiary, and your two children as contingent beneficiaries; you and your spouse become deceased in a car accident; your children would receive the proceeds)

## Minor Children or Incompetent Adults as Beneficiaries

If you choose minor children or Incompetent Adults as beneficiaries, please recognize that the insurance company may distribute the benefit to their legal guardian(s).

## Spousal Waiver

The Spousal Waiver line must be signed by the member's spouse indicating they agree to release their marital property rights to the member's life insurance benefit in the following situations:

- (1) If the member has checked the box in section B for the Trust Enrollment Department to pay funeral expenses and/or,
- (2) If the member named someone other than their spouse as a primary beneficiary.

## Guardianship/Power of Attorney

If a member has been assigned a Guardian or Power of Attorney (POA), a certified copy of the Guardian of the Estate or POA document must be submitted to the Oneida Trust Enrollment Department.

The guardianship/POA document must specifically authorize the Guardian/POA the ability to assign or change beneficiary information for life insurance policies. If proper authorization is not received, the Beneficiary Designation form will be deemed invalid.

## Life Claim Process

The Trust Enrollment Department must be notified within 365 days from the date of death in order to file a Life Claim. Claims made after 365 days will not be processed.

The Trust Enrollment Department completes and forwards all life claims to the Insurance Company. The Trust Enrollment Department requires two (2) Original State Certified Death Certificates to submit a Life Claim.

If the Trust Enrollment Department has been designated to assign a portion of the benefit for burial expenses, members must submit invoices from the Funeral Home or other burial related invoices.

**If you feel you may be the beneficiary of a Member's Life Insurance benefit, please provide the Trust Enrollment Department with your contact information such as name, address and/or phone number.**

**Oneida Trust  
Enrollment Department**

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