



Life insurance rarely comes up in conversations about suicide loss, but it often becomes one of the first practical and emotional collisions a family faces. Most policies do pay out, though a time-limited suicide exclusion clause can complicate or delay a claim, and employer-provided group policies follow different rules than ones purchased individually. This handout draws on peer experience and verified insurance and legal resources to help survivors, and the people supporting them, know what to expect.

Finding the Policy and the Beneficiary

- A policy can come through a workplace, a union, a fraternal organization, or a standalone purchase; a home or auto insurance agent sometimes wrote a life policy too and can check in minutes, and the [National Association of Insurance Commissioners' free Life Insurance Policy Locator](#) searches nationwide for any policy in a deceased person's name.
- The beneficiary is set when a policy is first written or later updated, and it cannot be changed after death; an outdated beneficiary, such as a parent named before a marriage, is still legally entitled to the full benefit.
- A minor named as beneficiary cannot receive funds directly; a court-appointed guardian or a [Uniform Transfers to Minors Act account](#) is typically needed before any money becomes available.

How the Suicide Exclusion Clause Works

- Most life insurance policies include a suicide exclusion clause that limits the death benefit to a refund of premiums if the death occurs within the first one to two years the policy has been active, according to [Cornell Law School's Legal Information Institute](#).
- Once that window has passed, suicide is treated exactly like any other cause of death, and the policy pays the full benefit; this is underwriting policy applied to every policy sold, not a judgment about any specific family.
- A separate provision called the contestability period, usually the same length of time, lets an insurer investigate a claim for an unrelated reason, such as a misstatement on the original application, according to the [Risk and Insurance Education Alliance](#).

When the Policy Is Through an Employer, and If a Claim Is Denied

- Group life insurance through an employer is usually governed by a federal law called ERISA, which can give a beneficiary as little as 60 to 180 days to file an internal appeal, according to the U.S. Department of Labor's Employee Benefits Security Administration, compared to several years under an individually purchased policy.
- Ask for any denial in writing and request the complete claim file, which insurers and ERISA plans must provide at no cost; write every deadline from the letter on a calendar.
- A state department of insurance or an attorney who handles insurance denials can both help; the National Association of Insurance Commissioners keeps a directory of every state office.

The Emotional Side of the Money, and Where to Find Help

- Feeling discomfort, even something close to shame, about receiving money tied to a death is common and does not mean anything is wrong with how someone is grieving.
- Early grief affects concentration and decision making, which makes it a difficult stretch for large, permanent financial choices; waiting when possible, and finding a fee-only planner through the Certified Financial Planner Board's consumer site, can help.
- The American Foundation for Suicide Prevention and Alliance of Hope both offer support built specifically for survivors carrying this kind of loss, and neither requires anything to be figured out first.

Source

<https://sunflowersaftersuicide.com/life-insurance-after-suicide-loss/>