



**REPORT OF DEATH**

**Insured Employee Information**

Name (First, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Authority  TA  OA Pass #/ Pension # \_\_\_\_\_

Title \_\_\_\_\_ Union Affiliation \_\_\_\_\_

Employee Status  Active  Retired

Hire Date \_\_\_\_\_ Retirement Date \_\_\_\_\_

Marital Status at Time of Death  Married  Married, but separated  Widowed

Divorced  Never married  Unknown

**Deceased Information**

Name (First, Last) \_\_\_\_\_

Date of Death \_\_\_\_\_

Relationship to the Insured Employee  Self  Child

Spouse  Other \_\_\_\_\_

(Explain)

**Informant/ Spouse Information**

Name (First, Last) \_\_\_\_\_

Relationship to the Deceased  Spouse  Child  Other \_\_\_\_\_

(Explain)

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

If other than spouse Reports Death, provide spouse's name and whether spouse is living  Yes  No

Name (First, Last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

**MSA/ PeopleSoft (For Office use Only)**

PN TA  PN BI  PN OS Date Entered on MSA \_\_\_\_\_

PN BN  PN OR Date Checked on MSA \_\_\_\_\_

Date Entered on PeopleSoft \_\_\_\_\_

Information Taken By: \_\_\_\_\_ Date: \_\_\_\_\_