Date_____

EMPLOYEE PROOF OF DEATH FORM
Employee Information:

_____

Name   Social Security #

_____

Address   City, State   Zip Code

_____

Date of Birth   Date of Death

Pension Credits_____   Amount of Insurance_____

Employer Information:

_____

Name   Phone Number

_____

Address   City, State   Zip Code

_____

Date last reported to work   Employer Signature

Beneficiary Information:

_____

Name   Social Security #   Date of Birth

_____

Address   City, State   Zip Code

_____

Relationship   Beneficiary Signature

_____

Notary