



Deceased Information

Name of Employee _____
(Last Name) (Given Names in Full)

Date of Birth _____ Date of Death _____
YYYY MM DD YYYY MM DD

Employee Number _____ Social Insurance Number _____

Beneficiary Information

Name of Beneficiary _____
(Last Name) (Given Names in Full)

Address in Full _____

Date of Birth _____ Relationship to Deceased _____
YYYY MM DD

Phone Number _____ Beneficiary Social Insurance Number _____

Insurance Information

- a) Insurance Annual Salary (rounded to nearest dollar): \$ _____
- b) Class Selected (1 through 5): _____
- c) Employee Age Reduction (if over age 65): _____
- d) Insurance in Force at Death {lesser of (a x b) or (a x c)}: \$ _____ (maximum \$1,000,000)
- e) Amount of Accidental Death Insurance: _____ (complete only if death is accidental)

We enclose the following forms:

- ___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, 8001, OR 7425 (green or tan card) - ORIGINAL FORMS REQUIRED
- ___ Application For Changes In Life Insurance Class, 8003 (if applicable)
- ___ Statement of Policyholder, M62
- ___ Statement of Claimant, M62
- ___ Original (or Certified Copies) of either Certificate of Death or Funeral Directors Statement
- ___ Beneficiary Designation Form, 1536 or M6697 (if applicable)
- ___ Other (please specify): _____

Last Premium deducted (Group Life Insurance): \$ _____

Bi-weekly Salary Deduction is Based on: \$ _____

Deducted on (payroll date): _____

Insurance Provided to (date): _____

Other Comments _____

Authorized Signing Officer Date

Contact Person _____

Employer _____

Address _____

Phone Number _____

Mail to: The Civil Service Superannuation Board
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Winnipeg MB R3C 3T1