



Deceased Information

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

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

Beneficiary Information (Employee or Employee's Estate)

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

Address in Full _____

Date of Birth _____ Relationship to Deceased _____
YYYY MM DD

Phone Number _____

Insurance Information

Dependents Insurance in Force: \$ _____

We enclose the following forms:

- Group Life Insurance and Dependents Insurance Appointment and Election Statement (8001) or MG3965 (orange card) - COPIES OF FORMS ONLY
- Application for Changes to Dependents Insurance, if applicable (8002, 8002A, or 8002B)
- Statement of Policyholder, M62
- Statement of Claimant, M62
- Deceased dependents proof of birth
- Original (or Certified Copies) of either Death Certificate or Funeral Directors Statement
- Other (please specify): _____

Last Premium deducted: \$ _____

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
1200-444 St. Mary Ave
Winnipeg MB R3C 3T1