

Date: _____

To:
The Civil Service Superannuation Board
1200-444 St. Mary Avenue
Winnipeg MB R3C 3T1
Ph. 946-3200

From: _____
Department: _____
Address: _____
Phone Number: _____
Contact Person: _____

Subject: DEPENDENTS INSURANCE DEATH CLAIM - Policy 330785

DECEASED:

Last Name: _____ Given Names in Full: _____
Date of Birth: _____ Date of Death: _____
Age: _____ years

BENEFICIARY (EMPLOYEE OR EMPLOYEE'S ESTATE):

Last Name: _____ Given Names in Full: _____
Address in Full: _____

Date of Birth: _____ Relationship to Deceased: _____
Phone Number: _____

INSURANCE DATA:

Insurance in Force: \$ _____

We enclose the following forms:

- ___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, Form 8001
OR Form MG3965 (old card)
- ___ Application for Changes to Dependents Insurance, Form 8002
- ___ Statement of Policyholder, Form M62
- ___ Statement of Claimant, Form M62
- ___ Deceased dependents proof of birth
- ___ Original or Certified Copy of Death Certificate
OR
- ___ Original Funeral Directors Certificate or Certified Copy
- ___ Other (please specify): _____

Last Contribution: \$ _____ Deducted on (payroll date): _____

Insurance Provided to (date): _____

Other Comments: _____

Authorized Signing Officer