

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: LIFE INSURANCE DEATH CLAIM – Policy 330780 / 330785, Division 10 (Div. 20 - Hydro)

DECEASED:

Last Name: _____ Given Names in Full: _____
Date of Birth: _____ Date of Death: _____
Employee Number: _____ Social Insurance Number: _____

BENEFICIARY:

Last Name: _____ Given Names in Full: _____
Address in Full: _____
Date of Birth: _____ Relationship to Deceased: _____
Phone Number: _____ Beneficiary Social Insurance Number: _____

INSURANCE DATA:

- a) Annual Salary Insurance Based on (rounded to nearest dollar): \$ _____
- b) Class Selected (1 through 5): _____
- c) Age Reduction Factor (see "Calculation of Annual Salary and Insurance" in Insurance Manual): _____
- 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 (if applicable): \$ _____
- f) Dependents Insurance Units: _____

We enclose the following forms:

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

Last Contribution (Group Life Insurance): \$ _____
Last Contribution (Dependents Insurance): \$ _____
Bi-weekly Salary Deduction Based on: \$ _____
Deducted on (payroll date): _____ Insurance Provided to (date): _____

Authorized Signing Officer