

# LIFE / AD&D INFORMANT'S FORM

<b>EMPLOYEE INFORMATION</b>
Name: _____
SS#: _____
Job Title: _____
Original Date of Hire: _____
Last Payroll Deduction: _____
Date Last Worked: _____

<b>DECEASED OR DISMEMBERED PERSON'S INFORMATION</b>
Name: _____
SS#: _____
Date of Birth: _____
Date of Death or Dismembering Accident: _____
Was the death or dismemberment the result of an accident? <input type="radio"/> Yes <input type="radio"/> No

<b>CONTACT PERSON'S INFORMATION</b>
Name (beneficiary or estate administrator): _____
Street Address: _____ Phone: _____
City: _____ State: _____ ZIP Code: _____

<b>COVERAGE AMOUNTS</b>
Employee Basic Life: \$ _____ Coverage Effective Date: _____
Employee Optional Life: \$ _____ Coverage Effective Date: _____
Spouse Optional Life: \$ _____ Coverage Effective Date: _____
Dependent Optional Life: \$ _____ Coverage Effective Date: _____

<b>AGENCY INFORMATION</b>
Payroll/Personnel Administrator's Name: _____
Org ID: _____
Tel. No. _____

<b>INSTRUCTIONS</b>	<b>REMARKS</b>
<p>1. When informed of the death or accidental dismemberment of an employee, spouse, or dependent child, complete as many of the above items as possible.</p> <p>2. FAX the following forms to Employee Benefits within 48 hours of the notice of death:</p> <ul style="list-style-type: none"><li>a. The original Life &amp; AD&amp;D Insurance Enrollment &amp; Change Form.</li><li>b. The most recent Life &amp; AD&amp;D Insurance Enrollment &amp; Change Form with most recent beneficiary designation(s). (Employee Benefits has the beneficiary forms on microfilm from August 1974 through June 1994.)</li></ul> <p><b>FAX: 303-866-3879</b> Voice: 1-800-719-3434 or 303-866-3434</p>	