

Notice of Death

Minnesota Life Insurance Company - A Securian Company
Charleston Branch Office • PO Box 3742 • Charleston, WV 25337-3742
Claims • Toll free 1-800-203-9515



MINNESOTA LIFE

TYPE OF CLAIM: Active Employee Retiree Dependent

Attach a certified copy of the official death certificate.

PART 1 - EMPLOYEE INFORMATION (to be completed by the employer)

1. Employee name		2. Employee Social Security number
3. Employee address (street, city, state, zip)		4. Employee telephone number
5. Employee date of hire (mo/day/yr)	6. Effective date of employee's insurance (mo/day/yr)	7. Employee actively at work on effective date? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 - DECEASED INFORMATION (to be completed by the employer)

1. Name of deceased	2. Deceased's Social Security number	3. Relationship to employee	4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
5. If dependent, effective (mo/day/yr) date of dependent's insurance?	6. Date of birth (mo/day/yr)	7. Date of death (mo/day/yr)	8. Was death due to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3 - EMPLOYER CERTIFICATION

1. Name of employer, association or fund		2. Telephone number
3. Address of employer, association or fund (street, city, state, zip)		4. Account number
Signature of authorized representative X	Date signed	Title

PART 4 - BENEFICIARY STATEMENT (You must sign both signature lines below.) (WITHOUT A COMPLETED IRS FORM W-9 BY THE BENEFICIARY, THE BENEFICIARY MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING ON INTEREST PAID.)

1. Print name of beneficiary		2. Other names by which the deceased has been known, if any	
3. Relationship to deceased	4. Beneficiary Social Security number	5. Beneficiary date of birth	6. Beneficiary telephone number
7. Beneficiary address (street, city, state, zip)			
Beneficiary signature X			Date

CERTIFICATION INSTRUCTIONS: You must cross out item (2) below if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return.

CERTIFICATION – Under penalties of perjury, I certify that:

- (1) The number shown on this form is the beneficiary's correct Social Security number, **and**
- (2) The beneficiary is not subject to backup withholding either because he/she has not been notified by the Internal Revenue Service (IRS) that he/she is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified him/her that he/she is no longer subject to backup withholding, **and**
- (3) The beneficiary is a U. S. person (including a U. S. resident alien), **and**
- (4) The FATCA code(s) entered on this form (if any) indicating that the beneficiary is exempt from FATCA reporting is correct.
Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Certification Notice: THE IRS REQUIRES US TO OBTAIN CERTIFICATION OF YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER. WITHOUT THIS INFORMATION, YOU MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING FOR ANY INTEREST PAID ON THE DEATH BENEFIT.

Beneficiary signature X	Date
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PART 5 - PEIA CERTIFICATION I certify that on the date of death, the above named was insured under this policy. I further certify that the information provided above is true and correct to the best of my knowledge and belief. (Attach a copy of enrollment form.)

1. Employer/policyholder name PEIA	2. Coverage code	3. Plan/policy number 33227	4. Date to which premiums were paid for deceased (mo/day/yr)
5. Amount of insurance Basic \$ _____ Optional \$ _____ Dependent \$ _____ Total \$ _____			
Signature of authorized PEIA representative X		Date signed	Telephone number

For your protection, state laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.