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| **Minnesota Life - Death Notification** |
| ***\*This form is for personnel of MoDOT and MSHP ONLY, and should not be completed by any other party.\**** |
| **Deceased Information** |  |  |
| Name |  |
| EmplID / SSN  | **/       *If the Deceased is the Dependent, provide the Dependent’s SSN.*** |
| Date of Death |  | Date of Birth |  |
| Relationship to Subscriber |  | Gender |  |
| Marriage Date | ***Complete if the Deceased is the spouse.*** |  |
| **Subscriber Information *If the Deceased was the Subscriber, skip Name /SSN/EmplID/DOB/Gender. Complete the rest of this section.*** |
| Name |  | EmplID / SSN | **/** |
| Date of Birth |  | Gender |  |
| Location |  | Status |  |
| Hire Date |  | Last Date Worked |  | Retirement Date |  |
| Home Address |  |
| Annual Benefit Base Rate |  | Effective Date of ABBR |  |
| **Basic (State Paid) Life** |
| Coverage Amount |  | First Effective Coverage Date  |  |
| **Beneficiary Information**\* |  |  |
| *Name* | *Relationship* | *Contact Information: Address & Phone Number* |
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|  |  |  |
|  |  |  |
| **Optional Life** |  |  |  |  |  |  |
| Deceased Coverage Amount |  | First Effective Coverage Date  |  |
| Type of Coverage |  | Current Date of Beneficiary Designation |  |
| **Beneficiary Information\*** | Employee Coverage Amount***Complete if the Deceased is the spouse*** |
| *Name* | *Relationship* | *Contact Information: Address & Phone Number* |
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| **Notice Submitted to Employee Benefits by:** |
| Name |  | Date |  |
| \*Complete an additional Death Notification if more beneficiaries are designated. |
| ***Instructions:*** |  |  | Revised: 9/5/2017 |
| * Complete ALL applicable fields on this form.
* Pull the Basic (State paid) Life and/or the Optional Group Life Enrollment form(s) reflecting the most current beneficiary designations.
* Attach the scanned form attachment(s), and this completed form in the *same* email.
* Complete the Email Subject Line with “Death Notification for (Deceased’s Name)”
* Send the email to: Tawnya.Schmitz@modot.mo.gov
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