



# THE FIRST CATHOLIC SLOVAK UNION

OF THE UNITED STATES OF AMERICA AND CANADA

6611 ROCKSIDE RD, INDEPENDENCE, OHIO 44131

Telephone: (216) 642-9406

1-800-533-6682



## DEATH CLAIM REPORT

CERTIFICATE NO: \_\_\_\_\_

BRANCH NO: \_\_\_\_\_

\*SEE REVERSE SIDE FOR INSTRUCTIONS

1. NAME OF DECEASED MEMBER: \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

(ZIP CODE)

3. DATE OF DEATH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. SOCIAL SECURITY NO. \_\_\_\_\_

5. WAS DECEASED: MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_ SINGLE \_\_\_

6. IF MARRIED GIVE NAME, ADDRESS AND TELEPHONE NO. (WITH AREA CODE) OF SPOUSE:

\_\_\_\_\_

7. NAME, ADDRESS, AND TELEPHONE (WITH AREA CODE) FIDUCIARY \_\_\_\_\_

(LEGAL REPRESENTATIVE ESTATE)

\_\_\_\_\_

8. NAME, ADDRESS, TELEPHONE NO, AGE, SOCIAL SECURITY #, EMAIL ADDRESS OF BENEFICIARIES:

\_\_\_\_\_

\_\_\_\_\_

9. ARE BENEFICIARIES LIVING? \_\_\_\_\_ ARE THEY OF LEGAL AGE? \_\_\_\_\_

\*\*IF BENEFICIARIES ARE DECEASED, ENCLOSE A COPY OF THE DEATH CERTIFICATE FOR EACH\*\*

10. MAIL CHECK TO: BENEFICIARY: \_\_\_\_\_ BRANCH OFFICER: \_\_\_\_\_

### INSURANCE FRAUD WARNING

Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement is guilty of insurance fraud.

The undersigned has read and acknowledges the Insurance Fraud Warning.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature required

**A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS REPORT**

# INSTRUCTIONS

1. In order to make DEATH CLAIM PAYMENT as quickly as possible; Death Claim should be processed immediately. All questions **must** be answered correctly.
2. Member's Benefit Certificate(s) and Certified Certificate of Death, **must** be sent with Death Claim Report to the Executive Secretary of the Society.
3. Death Claim Report Insurance Fraud Warning **must** be signed, dated, and witnessed.
4. When Beneficiary is a MINOR, benefits so designated will be held in a Trust Fund until minor attains age 18. Benefits so held bears interest.

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## DEATH CLAIM (HOME OFFICE USE ONLY)

No. \_\_\_\_\_

Name \_\_\_\_\_

Certificate No. \_\_\_\_\_

\*\*\*\*\*

Benefit \_\_\_\_\_

Unpaid Premium \_\_\_\_\_

Certificate Loan \_\_\_\_\_

### BRANCH OFFICERS CERTIFICATION

We, the undersigned officers of Branch No. \_\_\_\_\_ of the First Catholic Slovak Union, certify that the above deceased was a member of our branch.

Name and Address of Branch \_\_\_\_\_

Date \_\_\_\_\_ President or Financial Secretary \_\_\_\_\_

The First Catholic Slovak Union of the U.S.A & Canada