DEATH NOTIFICATION FORM



NAME:			OFFICE #
DATE OF DEATH:	/		EMPLOYEE#
TYPE OF BENEFIT:			SSN:
SURVIVING SPOUSE?	YES	NO	DEPARTMENT #
SPOUSE'S ANNUITY SENT?	YES	NO	CONTACT:
CHILD'S ANNUITY SENT?	YES	NO	NAME
INS. APPLICATION SENT?	YES	NO	RELATIONSHIP
INS. WAIVER SENT?	YES	NO	ADDRESS
INSURANCE:	YES	NO	CITY, STATE, ZIP
INSURANCE PLAN:			() PHONE
REF. TO THE ESTATE SENT?	YES	NO	L.C. (LAST CHECK) CHECK DIR. DEPOSIT D
BENEFICIARY ON FILE:			COLLECT REQUIRED FINANCE: YES NO
			ATTACH ADVICE
_			RECEIVED BY FINANCE:/
			ADDITIONAL NOTES:
-			COLLECTION REQUESTED BY:
INFORMANT'S NAME:			DATE:/
			COLLECTED BANK FROM BANK? YES NO
CCPF EMPLOYEE:			DATE:/
DATE:	/	/	RECIPROCAL SERVICE: YES NO EM AIL SENT:
LAST CHECK AMT:			
GROSS	NET		W-TAX INS UNION DUES