



**BENEFICIAL LIFE**  
 36 South State Street, Salt Lake City, Utah 84136

### Employer Notification of Death Claim

Please send the following completed forms to Beneficial Life Insurance Company:

1. This Form (D-26) completed by the Employer.
2. Claimant's Statement (PC-1) filled out and signed by the Beneficiary.
3. Certified Death Certificate.
4. Copy of Enrollment Card.
5. Verification of Wages, if coverage is based on salary.
6. If AD&D is claimed for employee, include additional proof of accident.

|   |  |             |  |                  |           |
|---|--|-------------|--|------------------|-----------|
| Employee's Last Name:   |  | First Name: |  | Middle Initial:  |           |
| Employee's Street Address:  |  | City:       |  | State:           | Zip Code: |
| Employee's Date of Birth:   |  |             | Social Security Number:                          |                  |           |
| Employee's Date of Employment:  |  |             | Date Last Worked:                                |                  |           |
| At Time of Death, was Employee:<br><input type="checkbox"/> Active <input type="checkbox"/> Terminated <input type="checkbox"/> Retired |  |             | Employees Monthly Salary at Time of Death:<br>\$ |                  |           |
| Deceased was covered as:<br><input type="checkbox"/> Employee <input type="checkbox"/> Dependent  |  |             | Date of Death:                                   |                  |           |
| Cause of Death:   |  |             |  |                  |           |
| Amount of Insurance in force at time of death (complete only if employee death):  |  |             |  |                  |           |
| Basic: \$   |  | AD&D: \$    |  | Supplemental: \$ |           |

Please complete this section if deceased was covered as a dependent:

Name: \_\_\_\_\_  
 Relationship to Employee: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Amount of Insurance: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_