

Notice of Death



Minnesota Life Insurance Company - a Securian Financial company
 Benefit Services • PO Box 64114, St. Paul, MN 55164-0114
 1-888-658-0193 • Fax 651-665-7106

Please review the below New York fraud statement and the attached page for a list of other state-specific fraud statements.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

ADMINISTRATOR'S STATEMENT: Complete Parts 1, 2 and 4 if employee dies. Complete Parts 1, 3 and 4 if dependent dies. Attach a certified copy of the official death certificate.

PART 1 - EMPLOYEE INFORMATION		
Employer/policyholder name	Branch location/unit number (if applicable)	Plan/policy number
Employee name (first, middle, last)	Other names by which the deceased has been known, if any	
Employee address (street, city, state, zip)		
Employee Social Security number	Employee date of birth (mo/day/yr)	Employee telephone number
Employee date of hire (mo/day/yr)	Effective date of employee's insurance (mo/day/yr)	Employee actively at work on effective date? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2 - DECEASED EMPLOYEE (If enrollment cards are maintained in your office, attach a copy of the employee's card.) WITHOUT A COMPLETED IRS FORM W-9 BY THE BENEFICIARY, THE BENEFICIARY MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING ON INTEREST PAID.

Last date deceased was actively at work performing normal duties (mo/day/yr)

Reason deceased stopped actively working _____ Date of death (mo/day/yr) _____

Date employer's unit entered group insurance plan (mo/day/yr) _____ Date to which premiums were paid for deceased (mo/day/yr) _____

Beneficiary as recorded on records of employer	Address (street, city, state, zip) and daytime telephone number of beneficiary	Relationship to employee	Beneficiary's Social Security number	Beneficiary's age
a.				
b.				
c.				

Amount of insurance (if based on salary, complete salary information) \$ _____ Salary on date last worked \$ _____ Effective date of that salary _____

****See Reverse Side****

PART 3 - DECEASED DEPENDENT (If enrollment cards are maintained in your office, attach a copy of the employee's card.) WITHOUT A COMPLETED IRS FORM W-9 BY THE EMPLOYEE, THE EMPLOYEE MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING ON INTEREST PAID.

Deceased dependent's Social Security number	Is employee still actively working? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Marital status of dependent
 Single Married Divorced Widowed

Name of insured dependent (first, middle, last)	Relationship to employee
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Duration of final illness or date dependent became confined to hospital or home

Date of birth of dependent (mo/day/yr)	Date of death of dependent (mo/day/yr)
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Effective date of dependent's insurance (mo/day/yr)	Date premiums for dependent's coverage paid to (mo/day/yr)
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Amount of insurance
\$

PART 4 - 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.

Name of employer, association or fund	Telephone number
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Address of employer, association or fund (street, city, state, zip)

Signature of authorized representative X	Date signed	Title
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FRAUD STATEMENTS

For your protection, state laws require the following to appear on this form. Prior to signing this claim form, please review the fraud statement for your state of residence and the state where the insurance policy was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires 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.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.