

SLOVAK CATHOLIC SOKOL

A tradition of providing sound financial protection and benefits to our members

DEATH BENEFIT REPORT

CLAIM # _____

INSTRUCTIONS

1. This Death Benefit Report, together with the Life Insurance and/or Annuity Certificate(s) of the deceased and a copy of the Death Certificate, must be sent to the Home Office of the Slovak Catholic Sokol, 205 Madison Street, Passaic, NJ 07055, to the attention of the Supreme Secretary before payment can be issued.
2. If part or all of the benefit was designated for funeral expenses, an itemized statement for funeral expenses from the Funeral Director must be forwarded to the Home Office before a payment can be issued.
3. Should the member die outside the United States of America a certification, signed by an authorized individual and forwarded to the Home Office.

Death Certificate is enclosed. Date of Death _____ / _____ / _____

Life Insurance/Annuity Certificate(s) Enclosed -. Certificate # _____

DECEASED INFORMATION

Full Name _____

Address _____

City, State & Zip _____

If Known Member of Assembly/ Wreath # _____

QUESTIONNAIRE

Single Married, if yes Spouse's Name _____

Surviving Children, if Yes, List Names and Ages:

Full Name	Age
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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CONTACT INFORMATION

Full Name _____

Address _____

City, State & Zip _____

Phone Number (_____) _____ Email Address _____

Relationship to Deceased _____

FOR HOME OFFICE USE ONLY

SLOVAK CATHOLIC SOKOL

DEATH BENEFIT REPORT

Deceased _____

Certificate # _____ Assembly/ Wreath _____

Member Years _____ Month _____

Date of Death _____

Notice Received _____

Claim Register # _____

Beneficiary:	Date Paid	Check #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____