## **Slovak Catholic Sokol**

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

## Life Insurance Death Benefit Claim Form

## **INSTRUCTIONS**

Complete and send this form to Slovak Catholic Sokol, 205 Madison Street, P.O. Box 899, Passaic NJ 07055 to the attention of the Supreme Secretary before payment can be issued.

| DECEASED INFO          | RMATION       |                    |            |   |                       |
|------------------------|---------------|--------------------|------------|---|-----------------------|
| Full Name              |               |                    |            |   |                       |
|                        | First         | 1                  | Middle     | Last  |                       |
| Certificate (s) number | er you're cla | iming benefits for | :          |   |                       |
| Social Security #      |               | Date               | of Death _ |   |                       |
| Street Address         |               |                    |            |   |                       |
| City, State, Zip       |               |                    |            |   |                       |
| The original Contract  | is            | □ Enclosed         | l          | ☐ Lost or Destroyed                               |                       |
|                        |               |                    |            | ICATE WITH THIS FORM Home Assignment form must be | e sent with this form |
| PERSON REPORT          | ING DEAT      | ГН                 |            |   |                       |
| Full Name              |               |                    |            |   |                       |
|                        | First         | 1                  | Middle     | Last  |                       |
| Relationship to Dece   | ased          |                    |            |   |                       |
| Street Address         |               |                    |            |   |                       |
| City, State, Zip       |               |                    |            |   |                       |
| Phone #                |               | Email              |            |   |                       |
| BENEFICIARY INF        | ORMATIC       | ON                 |            |   |                       |
| Beneficiary #1         |               |                    |            |   |                       |
| Full Name              |               |                    |            |   |                       |
|                        | First         | ١                  | Middle     | Last  |                       |
| Relationship to Dece   | ased          |                    |            |   |                       |
| Street Address         |               |                    |            |   |                       |
| City, State, Zip       |               |                    |            |   |                       |
|                        |               |                    |            |   |                       |
|                        |               |                    |            |   |                       |
|                        |               | Pa                 | age 1 of 2 |   |                       |

| Beneficiary #2           |       |        |   |      |  |
|--------------------------|-------|--------|---|------|--|
| Full Name                |       |        |   |      |  |
| First                    |       | Middle | l | Last |  |
| Relationship to Deceased |       |        |   |      |  |
| Street Address           |       |        |   |      |  |
| City, State, Zip         |       |        |   |      |  |
| Phone #                  | email |        |   |      |  |
|                          |       |        |   |      |  |
| Beneficiary #3           |       |        |   |      |  |
| Full Name                |       |        |   |      |  |
| First                    |       | Middle | l | Last |  |
| Relationship to Deceased |       |        |   |      |  |
| Street Address           |       |        |   |      |  |
| City, State, Zip         |       |        |   |      |  |
| Phone #                  |       |        |   |      |  |
|                          |       |        |   |      |  |
| Beneficiary #4           |       |        |   |      |  |
| Full Name                |       |        |   |      |  |
| First                    |       | Middle | l | Last |  |
| Relationship to Deceased |       |        |   |      |  |
| Street Address           |       |        |   |      |  |
| City, State, Zip         |       |        |   |      |  |
| Phone #                  | email |        | · |      |  |
|                          |       |        |   |      |  |
| Beneficiary #5           |       |        |   |      |  |
| Full Name                |       |        |   |      |  |
| First                    |       | Middle | l | Last |  |
| Relationship to Deceased |       |        |   |      |  |
| Street Address           |       |        |   |      |  |
| City, State, Zip         |       |        |   |      |  |
| Phone #                  |       |        |   |      |  |
|                          |       |        |   |      |  |