

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, P.O. Box 899 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 # _____

PERSON REPORTING DEATH:

Full Name _____

I am primary Beneficiary I am not primary Beneficiary Not Sure

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____ Email _____

BENEFICIARY INFORMATION:

Full Name _____

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____ Email _____

Full Name _____

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

Full Name _____

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

Full Name _____

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

Full Name _____

Relationship to Deceased _____

Address _____

City, State & Zip _____

Phone # _____

Email _____