

★ DESIGNATED PORTION OF DEATH CLAIM BENEFIT



GROUP INSURANCE DEATH CLAIM FORM

TO AVOID DELAY IN SETTLEMENT,
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

PART I - STATEMENT OF GROUP POLICYHOLDER/EMPLOYER

NAME OF DECEASED		DATE OF BIRTH	GROUP POLICY NUMBER GNG-MS-040113
SOCIAL SECURITY NUMBER	AMOUNT OF INSURANCE <input checked="" type="checkbox"/>	DATE OF DEATH	PLACE OF DEATH

Was coverage continued to date of death on premium paying basis? Yes No.

If No, on what date was coverage terminated? _____

Was death due to occupational accident? Yes No.

National Guard Association of Mississippi

Group Policyholder/Employer

Date

Signature

PART II - STATEMENT CLAIMANT

NAME OF CLAIMANT		RELATIONSHIP TO DECEASED
NAME OF DECEASED		DATE OF DEATH
ADDRESS OF DECEASED		
Are you the beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY NUMBER OF BENEFICIARY	BENEFICIARY'S DATE OF BIRTH
ADDRESS OF BENEFICIARY		
IF THE CAUSE OF DEATH WAS ACCIDENTAL, PLEASE GIVE DETAILS		

DATE

SIGNATURE OF CLAIMANT

Please return this form, along with a 'Certified' Death Certificate to

National Guard Association of Mississippi
P.O. Box 627
Jackson, MS 39205

PART III - STATEMENT OF ATTENDING PHYSICIAN - Complete only if Death Certificate is not available

NOTE: The medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24, 1948. It has been accepted by all states in this country and in Canada. In the interest of accurate vital statistics, please conform to the Manual of the International List of the Causes of Death.

NAME		DATE OF DEATH	AGE AT DEATH OR DATE OF DEATH
HOME ADDRESS OF DECEASED		PLACE OF DEATH	
CAUSE OF DEATH ENTER ONLY ONE CAUSE FOR EACH OF (a) (b) AND (c). * This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury or complication which caused death.	Disease or Condition Directly Leading to Death * (a) _____ Antecedent Cause Due to (b) _____ Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. Due to (c) _____ Other Significant Conditions contributing to the death but not related to the disease or condition causing death		Interval Between Onset and Death _____ _____ _____
	SPECIFY _____ Accident _____ Suicide _____ Homicide	PLACE OF INJURY	DATE OF INJURY
HOW DID INJURY OCCUR?			

These statements are true and complete to the best of my knowledge and belief.

DATE _____

SIGNED _____

(Signature and Degree of Attending Physician)

ADDRESS _____

This statement represents part of the required proofs of death, and any expense incident to its completion must be borne by the claimant.