

Notice of Death

Minnesota Life Insurance Company - A Securian Company
Claims • P. O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:
1-888-658-0193
Fax 651-665-7106

MINNESOTA LIFE

Return to State of Tennessee at: Dept. of Finance and Administration
Benefits Administration
Suite 1900 WRS TN Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243

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, the most recent beneficiary designation, the original enrollment form, and/or screen shots showing the coverage history, as well as payroll records verifying the employee's annual earnings at the time of death.

PART 1 - EMPLOYEE INFORMATION

1. Employer/policyholder name State of Tennessee	2. Branch location/unit number (if applicable)	3. Plan/policy number 34294/34175
4. Employee name (last, first, middle name)		
5. Other names by which the deceased has been known, if any		6. Employee address (street, city, state, zip)
7. Employee ID	8. Employee date of birth (mo/day/yr)	9. Employee telephone number
10. Employee date of hire (mo/day/yr)	11. Effective date of employee's insurance (mo/day/yr)	12. 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.

1. Last date deceased was actively at work performing normal duties (mo/day/yr)	2. Reason deceased stopped actively working	3. Date of death (mo/day/yr)		
4. Date employer's unit entered group insurance plan (mo/day/yr)		5. Date to which premiums were paid for deceased (mo/day/yr)		
6. 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.				
7. Amount of insurance (if based on salary, complete salary information) Basic: \$ Optional AD&D: \$		8. Salary on date last worked \$	9. Effective date of that salary	

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.

1. Deceased dependent's Social Security number	2. Is employee still actively working? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Marital status of dependent <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
4. Name of insured dependent		5. Relationship to employee
6. Duration of final illness or date dependent became confined to hospital or home	7. Date of birth of dependent (mo/day/yr)	8. Date of death of dependent (mo/day/yr)
9. Effective date of dependents insurance (mo/day/yr)	10. Date premiums for dependent's coverage paid to (mo/day/yr)	11. 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.

1. Name of employer, association or fund State of Tennessee	2. Telephone number 615-741-3590
3. Address of employer, association or fund (street, city, state, zip) 19th Floor William R Snodgrass Blvd. Tennessee Tower, 312 Rosa L. Parks Avenue, Nashville, TN 37243	

Signature of authorized representative X	Date signed	Title
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For your protection, state laws require 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. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.