

# Notice of Death

Minnesota Life Insurance Company - A Securian Company  
 P.O. Box 259708 • Madison, WI 53725-9708

For information call:  
 Toll free 866-295-8690  
 608-277-8690

**MINNESOTA LIFE**

Name (last, first, middle, maiden)

Address (street, city, state, zip)

Social Security number	Date of birth (mo/day/yr)	Date of death (mo/day/yr)
------------------------	---------------------------	---------------------------

Employer name

Date of hire (mo/day/yr)	Last day worked (mo/day/yr)	Last day on payroll (mo/day/yr)	Premiums collected by employer for coverage through (mo/yr)
--------------------------	-----------------------------	---------------------------------	---

Termination of active employment occurred because of

\_\_\_\_\_

\_\_\_\_\_

Is there evidence that death may have been accidental?  
 Yes  No If yes, please explain

\_\_\_\_\_

Coverage in force  
 Basic  Supplemental  Additional  1X  2X  3X

Highest year earnings		Current year earnings	
Year	Amount \$	Year	Amount \$

Possible Beneficiaries or Contact Named Below

NAME			Relationship	ADDRESS			
Last	First	Middle		Street	City	State	Zip Code

Signature of employer's authorized representative <b>X</b>	Date (mo/day/yr)
---	------------------

**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.