

The Texas A&M University System
Workstation Notice of Death



Life insurance claims cannot be processed until ALL information is submitted to SBA.

TO: System Benefits Administration **Email:** sba-support@tamus.edu

Employee/Retiree Name: _____

UIN: _____ **SSN:** _____ **Date of Birth:** _____

Employee Address (Street, City, State & Zip Code): _____

Claim Type: Active Retired Dependent

Date of Death: _____ **Check one:** Natural Accidental Unknown

If accidental, please describe: _____

If an active employee:

Date of Hire: _____ **Compensation Plan:** Salary Hourly

Last Day Worked: _____ **Employee job title/occupation:** _____

Reason for stopping: Resignation Retirement Illness
 Leave of Absence FMLA Vacation
 Other: _____

Was the death work related? Yes No

If a retiree:

Retirement Date: _____

If a dependent:

Name: _____ **Relationship:** _____

Social Security Number: _____ **Date of Birth:** _____

If relationship is child, was dependent child incapacitated? Yes No

Contact or person reporting death:

Name: _____ **Relationship to deceased:** _____

Address: _____

City, State: _____ **Zip Code:** _____

Phone Number: _____

FOR COMPLETION BY BENEFIT PARTNER:

Name: _____ **A&M System Member (for deceased):** _____

Phone Number: _____ **Date:** _____

I have verified that premiums are current. (Claims will not be paid unless all appropriate premiums have been paid.)