

# DECEASE NOTIFICATION



- Instructions:**
1. Fill out the form, in all its sections, and mark as applicable.
  2. Include a copy of the Death Certificate, of the Pensioner, Guardian or Beneficiary.
  3. Include a copy of a photo identification (Driver's License or Passport), of the Informant.

**SECTION I. DECEASED INFORMATION**       Pensioner       Guardian       Beneficiary

Father and Mother last name, name and initial	Social Security	Date of death (dd/mmm/yy)
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**SECTION II. INFORMANT INFORMATION**

Father and Mother last name, name and initial	Social Security
eMail	Relationship

Postal Address	Residential Address <input type="checkbox"/> Same as postal
Urb, Bldg, Neigh.	Urb, Bldg, Neigh.
PO Box, HC Box, RR Box	Street, Ave., Apt., St., No.
City, State, Zip + 4	City, State, Zip + 4

Informant Signature	Date (dd/mmm/yy)	Residential Phone Number	Mobile Phone Number
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**SECTION III. FOR ADMINISTRATION USE ONLY [Received by:]**

Yes    No   A copy of the Death Certificate provided by the informant, is included.  
 Yes    No   Copy of ID with photo of the informant, is included:    Driver's License    Passport  
 Yes    No   A call was made, to the phone registered in the SABI application, to corroborate the information.

**Call Center only -->** The call was received from the Informant's phone (registered above):    Residential    Mobile  
 Other: \_\_\_\_\_

Additional notes: \_\_\_\_\_

Technician Signature	Technician Name	Date (dd/mmm/yy)
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**SECTION IV. FOR PAYROLL SECTION USE ONLY [Processed by:]**

Technician Signature	Technician Name	Date (dd/mmm/yy)
RHUM DEPT. No.	Monthly Pension	Pension effective date (dd/mmm/yy)
Agency No.	Direct deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Removed on:   Month _____   Year _____	Payroll: <input type="checkbox"/> 1st. <input type="checkbox"/> 2nd.	
<b>Approved by:</b> _____	_____	
Supervisor or Authorized Rep. Name	Signature	
Job Position	Date (dd/mmm/yy)	

**Conservation: Equal to the file which it constitutes part.**