

# Student Life Insurance Death Notification

**Date:**

**To:**

**From:**

**Subject:**

Notification of Student Life Insurance Claim - Deceased Insured

**Student Name:**

**Policy Number:**

**Date of Birth:**

**Date of Death:**

**Details of Death:**

**Contact Person:**

**Relationship to Deceased:**

**Contact Information:**

**Additional Notes:**

**Signature:**

**Date:**