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Death Notification Form
Concordia Disability and Survivor Plan

Informant Information

Informant's Name (First Name, Last Name) *: _____
Informant's Relationship to Employee* : _____
Informant's Phone Number * : _____
Informant's Address * : Street _____ City _____ State _____ Zip _____
Informant's Email Address* : _____

Employee Information

Employee Name (First Name, Middle Initial, Last Name)*: _____
Employee ID: _____
Employee Status*: _____
Employee Phone Number*: _____
Employee Address*: Street _____ City _____ State _____ Zip _____
Employee Email*: _____

Deceased Information:

Deceased Name (First Name, Middle Initial, Last Name)*: _____
Relationship to Member*: _____
If Spouse, is the Spouse also a Member*:
Yes
No
If Member, is the Spouse also a Member*:
Yes
No
Date of Death (mm/dd/yyyy)*: _____
Additional Information: _____

* Indicates Required Field

SEND YOUR SUBMISSION SECURELY!

1. Complete *all* the required fields on the PDF.
2. Password Protect the PDF with the date of birth of the member (MMDDYY).
 - To Password Protect your file go to PDF tools, click Protect then Encrypt. Select Encrypt with Password and enter the member's date of birth in the MMDDYY format. Terminology may vary slightly depending on the program used.
3. Save the PDF to your electronic device.
4. Email the attachment to info@ConcordiaPlans.org, and indicate the member associated with the submission.

The family of the deceased will receive a letter or email within one week confirming the receipt of this notification. We request that the family sends a copy of the deceased's death certificate *at your earliest convenience to info@ConcordiaPlans.org or fax at 314-996-1127.*

Within the next several weeks the family will receive a phone call from our Survivor Services department. Following that initial contact, Survivor Services will send information in writing to complete and return so that we can set up benefits. Once the completed paperwork has been received benefits will be set up within three business days.