NOTICE FOR CLOSING DUE TO DEATH

|  |  |
| --- | --- |
| Date of Notice |  |
| WE SS NO.: | NAME OF FILE: |

**THE PERSON WHO DIED IS A:**

|  |  |
| --- | --- |
| **NAME** | **SS NO.** |
| Retiree |  |  |
| Disability Beneficiary |  |  |
| Surviving Spouse |  |  |
| Surviving Child |  |  |
| Payee |  |  |

**DATE OF DEATH:**

Name of Wage Earner

**RETURNED CHECK(S):**

|  |  |  |
| --- | --- | --- |
| Check No. | for month of | Year |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared by: | Date | APPROVED FOR CLOSING OF BENEFITS: | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leon Panuelo, Jr. | \_\_\_\_\_\_\_\_\_\_\_  Date |