

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED

SOCIAL SECURITY NUMBER

FOR SSA USE ONLY

Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

1. NAME OF DECEASED

2. SOCIAL SECURITY NUMBER

3. DATE OF DEATH

4. DATE OF BIRTH (if known)

5. Check (x) whether the deceased was

☐ Male☐ Female

6. NAME OF WIDOW OR WIDOWER (if known)

7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (if Available)

() -

area code

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM

Heritage Funeral Home
po box 309
1240 Mountain Road
West Suffield, CT 06093

SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE

Cheryl Demko Morello

TELEPHONE NUMBER
(860) 668 -0255

area code

DATE

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)

_____ FUNERAL HOME

Address
Phone

**Assignment of Death Benefit Under Individual or Group Life Insurance Policy to Funeral Home
(CT Public Act 12-36) for Non-Guaranteed Pre-Need Funeral Service Contract**

Name of Insured _____
Social Security # _____
Address of Insured _____

Phone No. _____
Date of Birth _____
City/State/Zip _____

_____ Life Insurance Co.
Date: _____
Address _____
Phone _____

Policy # _____
Face Amt. _____ Cash Value _____
City/State/Zip _____
Fax _____

***This form is for supplemental use to accompany the Life Insurance Company's Form for the Assignment of Death Benefit.**

The anticipated death benefit of this policy(ies) will be used as a credit for **non-guaranteed** Pre-Need Funeral Goods and Services for the insured:

q IRREVOCABLE TRUST....\$ _____

q BURIAL PLOT ALLOWANCES...\$ _____

I, _____, the insured (or acting on behalf of the insured listed above) request the above named Life Insurance Company to immediately make the following change to the policy(ies) listed above.

€ *Assignment of Death Benefit to* _____ *Funeral Home*

Provided that this assignment of death benefit is accepted by the above named insurance company, _____ Funeral Home has agreed to accept the assignment of death benefit under the policy(ies) for the purpose of collecting the insurance death benefit proceeds at the time of the insured's death for NON-GUARANTEED FUNERAL EXPENSES.

_____ (initial) I understand and acknowledge that this pending assignment of death benefit is an assignment only, and NOT a payment, for a NON-guaranteed pre-need funeral service contract. _____ Funeral Home can only collect the death benefit after the insured's death, provided that the policy(ies) are in-force. Any charges itemized on the pre-need Statement of Goods and Services attached with this assignment of death benefit, if any, are non-guaranteed and subject to change without notice. The death benefit from the in-force insurance policy(ies) will be applied as a credit towards the funeral expense bill at the time of death, using the prices that are in effect at the time of death. If the policy is not in-force or lapsed, the entire funeral expense bill will be due by the buyer(s) who signs the contract at the time of death.

_____ (initial) I understand that if the insured is a Medicaid recipient at the time of his or her death and that there is an overage of the death benefit received after the cost of the funeral has been provided for, that this overage in death benefit shall be submitted to the appropriate State agency, such as the Commissioner of the Department of Social Services.

_____ (initial) I acknowledge that by accepting the assignment of death benefit the _____ Funeral Home is not responsible and will not keep the policy(ies) in force in any way, including but not limited to: premium payments, loan repayments, and/or reinstatement of policy(ies) costs. I understand that any payment or premium paid on the policy must and will continue to be paid in the manner that had been done prior to this assignment of death benefit or the policy(ies) may lapse. The premium/loan payment, if any, is as follows: _____.

_____ (initial) I understand that since it is with the intention of this assignment of death benefit to apply such death benefit towards the funeral of the insured, _____ Funeral Home will transfer the death benefit of the policy(ies) to another licensed funeral home if the insured, or the insured's legal representative, requests such a transfer in writing.

Signatures:

Witnessed by:

Name: _____
Address: _____
City/State/Zip _____
Phone: _____

Name: _____
Funeral Director Lic. No. _____
_____ Funeral Home
Fed. ID #: _____

(Revised 2/2017)