



333 Westchester Avenue • White Plains, NY 10604-2910 • 914-367-5000

## NOTICE OF DEATH FORM

Name of Decedent \_\_\_\_\_ Certificate No. (S.S.) \_\_\_\_\_  
 Name of Insured Group \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Date of Death \_\_\_\_\_ Date last worked \_\_\_\_\_  
 Date of Hire \_\_\_\_\_ Years of Service \_\_\_\_\_

Record of Beneficiary Enrollment Form is enclosed: Yes \_\_\_\_\_ No \_\_\_\_\_

Beneficiary(ies) Name(s)  
and Address(es)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Reported \_\_\_\_\_

Claim was reported by: Phone Call ( ) Other ( )

Informant's Name, Address & Telephone No. (if available)

\_\_\_\_\_

\_\_\_\_\_

Insurance in force on date of death: Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" state reason: \_\_\_\_\_

Life Insurance Amount \_\_\_\_\_ Accidental Death & Dismemberment Amount \_\_\_\_\_

As soon as the Policyholder receives notice of death, this form should be forwarded to  
AMALGAMATED LIFE INSURANCE COMPANY, INC.

333 Westchester Avenue, White Plains, NY 10604 (Group Insurance Services)

\_\_\_\_\_  
Signature of Policyholder or Representative)

\_\_\_\_\_  
(Date)