

Province of Nova Scotia
Group Life Insurance Plan

Claim Information

Name of Deceased Employee _____

Social Insurance Number _____

Personnel Number _____

Date of Death _____

Initial Date of Employment _____

Date last worked _____

(last date physically on the job)

Occupation _____

Was employee on LTD at the time of death? Yes _____ No _____

Current bi-weekly salary for job position \$ _____

Next of Kin _____ Relationship _____

Address of Next of Kin _____

Other Comments _____

Date

Departmental Official