



## DEATH BENEFIT CLAIM INITIATION

**Instructions:** To be completed by a beneficiary and mailed to the Home Office. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 [www.prcua.org](http://www.prcua.org).

In order to process the Death Benefit Claim, please provide the following:

- Original Life or Annuity Insurance Certificate (all pages) or completed **Affidavit in Case of Loss or Destruction of Deceased Member's Certificate** form (A1109\*)
- Certified Death Certificate
  - Please return Death Certificate to Beneficiary No. \_\_\_\_\_ listed below
- Current name(s) and address(es) of the beneficiary(ies)
  - IRS W9\*** form (W-9 (Rev.10-2018)) for each beneficiary ([Annuity Claims only](#))
- Death Certificates are required for any deceased designated beneficiaries (photocopies are acceptable)
  - If all designated beneficiaries are deceased, benefits will be paid on the **Proof of Heirship** form (A1095\*)
- If a beneficiary is under the age of 18, the benefit will be issued in care of the legally appointed Guardian or Trust. A current notarized copy of Guardianship papers or proof of established Trust account is required.
- Direct Deposit Authorization** (ACH\*)(if to be electronically paid)
- Completed **Death Benefit Claim Form** (GO19\*)

\* You can access these forms on our website, by visiting: <https://www.prcua.org/certificate-maintenance>

### 1. INSURED INFORMATION

\_\_\_\_\_  
LIFE/ANNUITY CERTIFICATE NUMBER

\_\_\_\_\_  
INSURED'S FIRST (MI) LAST NAME

\_\_\_\_\_  
INSURED'S STREET ADDRESS, CITY, STATE, ZIP

### 2. BENEFICIARY INFORMATION

①

\_\_\_\_\_  
FIRST (MI) LAST NAME

\_\_\_\_\_  
RELATIONSHIP TO INSURED

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

②

\_\_\_\_\_  
FIRST (MI) LAST NAME

\_\_\_\_\_  
RELATIONSHIP TO INSURED

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

(continued on next page)

**2. BENEFICIARY INFORMATION**

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FIRST (MI) LAST NAME

RELATIONSHIP TO INSURED

STREET ADDRESS, CITY, STATE, ZIP

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

4

FIRST (MI) LAST NAME

RELATIONSHIP TO INSURED

STREET ADDRESS, CITY, STATE, ZIP

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

5

FIRST (MI) LAST NAME

RELATIONSHIP TO INSURED

STREET ADDRESS, CITY, STATE, ZIP

DATE OF BIRTH

PHONE NUMBER


EMAIL ADDRESS

Additional beneficiary information can be included on a separate sheet of paper.

**3. SIGNATURE**

SIGNATURE

DATE

Upon receipt of all required documents, the claim processing time can take up to 30 business days. Please mail all required documents to  PRCUA - 984 N Milwaukee Ave., Chicago, IL 60642-4101.