

Sample messages

Sample message to surviving family members

The following sample letter is not legally binding nor is it intended to be a substitute for a will. It is only meant to provide general instructions and personal messages to your family.

Dear _____,

This letter is not intended as part of my will, any trust instrument, or any other legal document. It is not intended to modify, amend, or add to any legal document, including my will. But I hope the information in this letter will help you after I am gone.

< Add personal message here >

Please see the “Survivor Checklist” in my files. Here are a few steps to get you started:

Contact _____ of _____ law firm. He/she can help you through the probate process.

Continue using _____ as your CPA. I trust his/her advice on tax matters.

Let _____ help you with all the company employee benefit paperwork. In particular, check to see how long you will continue to be covered under my employer’s health insurance. Make sure you are not without health insurance.

Contact _____, our financial services professional. He/she can help you with the necessary paperwork to receive insurance claims. See the sample insurance letter in my files.

The location of important documents can be found in the Document Locator.

Obtain several certified copies of the death certificate. You will need them to file claims for insurance, Social Security, and similar benefits. The funeral director can usually get these for you. You can also generally get copies from the Registrar of Vital Statistics or Clerk of County Court.

Contact the Social Security office to claim possible benefits.

< Add personal message here >

< Signature >

Depending on your situation, you may want to add the following items to your letter:

If you were ever in the armed forces, your spouse should apply for benefits through the Veterans Administration. Check with your county or state Veterans Services Department.

If you have been employed by the Federal Civil Service, your spouse should apply for any benefits with the U.S. Office of Personnel Management.

Sample message to life insurance company

Dear _____,

This is to inform you that (Full Name) died on (Month, Date, Year). Please send me the necessary instructions to complete a claim under policy number(s). I am enclosing a certified copy of the death certificate. I wish to exercise my right as a beneficiary to elect settlement options. Please search your files for any other coverage that _____ may have had.

Thank you.

Sincerely,

<Your signature>

<Your full name and address >

<Your telephone number>

Sample message to local Social Security Administration

Dear _____,

I understand that (Name of Funeral Home), has informed you that (Full Name, Social Security number), died on (Month, Date, Year). I would like to schedule an appointment with your representative on (give a preferred date and time, morning, or afternoon, and two alternate dates and times).

I have secured copies of the death certificate, our marriage certificate, our birth certificates and those of our dependent children, our Social Security numbers and evidence showing recent earnings. If you require any additional information or documents, please let me know. I may be reached at _____.

Sincerely,

<Your signature>

<Your full name and address >

<Your telephone number>

Sample message to deceased's employer

Dear _____,

As you are aware, (Full Name) died on (Month, Date, Year). I would appreciate it if you would send me any information on employee benefits, such as group life insurance, health care coverage, pension or 401(k) funds, final pay or commissions, etc., to which he/she was entitled.

Please send me a list of documents needed and the necessary forms to complete as _____'s beneficiary.

Thank you.

Sincerely,

<Your signature>

<Your full name and address >

<Your telephone number>

Sample message to deceased's member organizations

Dear _____,

This is to inform you that my [relationship], (Full Name), died on (Month, Date, Year). (Optional: I understand that he/she may have been covered by a life insurance plan through your organization.) Please send me a list of whatever documents you need, or forms I should complete as _____'s beneficiary.

Thank you.

Sincerely,

<Your signature>

<Your full name and address >

<Your telephone number>

List of member organizations

Name of member (you or spouse/partner)	Name of organization	Contact person	Address or phone

The information provided in this piece is for general reference only and is not legal advice. You should consult an attorney who is licensed to practice law in your state of residence to interpret and apply this information to your particular situation.

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Securian Financial Group, Inc.

400 Robert Street North, St. Paul, MN 55101-2098
©2017 Securian Financial Group, Inc. All rights reserved.

F73296-7 Rev 4-2017 DOFU 4-2017
139831

Group Insurance

www.LifeBenefits.com