

NOTIFICATION DEATH OF ELIGIBLE MEDICARE DEPENDENT

Retired Employee Health Benefits Section

Attention – Medicare Unit

12 – Cortlandt Street, 12th Floor

New York, NY 10007

Dear Sir/Madam,

This is to inform you that my dependent _____

(Print full name of Spouse or domestic partner)

_____ died on _____

(Social Security Number)

(date)

I have enclosed a copy of the death certificate.

(Print Retirees Name – Social Security Number)

(Print Home Address – And Telephone Number)

Sincerely,