

Notification of Death of Clergy and their Survivors

Notice of Claim: Plan Sponsors will use this form for all death claims. This form must be fully completed to minimize processing delays. Until this form or a death certificate from the family is filed with Wespath Benefits and Investments (Wespath), death benefits cannot be issued. Please make reports promptly.

Part 1 – Participant and Deceased Information

Participant name _____ Participant # _____

Active Retired Disability Deceased Other _____

Information concerning deceased:

Name of deceased _____ Date of death _____

Clergy Surviving spouse
 Spouse Dependent child (enclose copy of death certificate)

Part 2 – Surviving Spouse Information

No changes to information in Benefits Access (*Proceed to verification of bank account below, if applicable.*)
 Married Single Spouse previously deceased Divorced Other _____

Full name _____ Social Security # (last 5 digits) _____

Address _____ Primary phone # (____) _____

_____ Marriage date (if known) _____

Email _____ Date of birth _____

For United Methodist Clergy Only

If the participant is an active clergy of The United Methodist Church, please pay the welfare death benefit to the surviving spouse in a (check applicable box):

Lump sum payment, or 12 Equal monthly payments.

Please verify bank account information:

Is the bank account same as deceased? Yes No

If No, the Surviving Spouse should fill out the [Direct Deposit form](#) or contact Wespath with the correct banking information to prevent any benefit payment delays.

Part 3 – Executor Information

Please provide names, addresses and phone numbers of contact person(s) (i.e., executor of estate or immediate family members) for the deceased. Attach additional pages if necessary.

Note: If an executor is receiving a benefit check for a deceased participant, you should require a copy of the Letters of Testamentary or Letters of Administration to ensure that the individual has been appointed executor by the court.

Part 4 – Plan Sponsor Signature

Authorized Representative signature _____ Date _____