University of Central Missouri Student Financial Services

| Page 2 of 2 | RECLC1 | Student's Last Name | UCM # 700 | |
|---|---|-------------------------------|-----------------|--|
| Death | of an individu | al on the following date: | | |
| Documen | ts Needed: (a | dditional documentation ma | y be requested) | |
| o A | o A copy of the death certificate | | | |
| 0 A | A copy of the 20 Missouri state tax return | | | |
| o Aı | An explanation of any life insurance benefits already received or anticipated due to the death. | | | |
| Disabi | • | | | |
| | | dditional documentation ma | | |
| o Attach a (signed) letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the | | | | |
| be | nefits were/w | ill be received during the 20 | year. | |

_Loss of financial benefits:

Documents Needed: (additional documentation may be requested)

Submit a copy of any documentation verifying the disability.

o Attach a (signed) letter o d.06 Tw (veri/TTŽ 0.034 Tw (o).01 Tw (ation)Tabout Tw (veri/TT23Tj -0.201 Tw (4veri/TT21ti