



\_\_\_ Death of an individual on the following date: \_\_\_\_\_

**Documents Needed:** (additional documentation may be requested)

- A copy of the death certificate
- A copy of the 20 Missouri state tax return
- An explanation of any life insurance benefits already received or anticipated due to the death.

\_\_\_ Disability:

**Documents Needed:** (additional documentation may be requested)

- Attach a (signed) letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the benefits were/will be received during the 20 year.
- Submit a copy of any documentation verifying the disability.

\_\_\_ Loss of financial benefits:

**Documents Needed:** (additional documentation may be requested)

- Attach a (signed) letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the benefits were/will be received during the 20 year.