



Prudential

Office of Servicemembers'
Group Life Insurance

REPORT OF DEATH OF FAMILY MEMBER

This form is being completed to report a (check one): <input type="checkbox"/> Death of Spouse (Complete Parts I, II & IV) <input type="checkbox"/> Death of Child (Complete Parts I, III & IV)		Branch of Service address	
PART I – Service Member Information (Service member must be insured under SGLI for Family Coverage to be in effect.)			
1. Name (first middle last)	2. Social Security Number	3. Duty status <input type="checkbox"/> Active Duty <input type="checkbox"/> Ready Reservist <input type="checkbox"/> National Guard	4. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
5. Certifying Command location and address	6. Home mailing address	7. Telephone number	
PART II – Information of Deceased Spouse			
8. Name (first middle last)	9. Social Security Number	10. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
11. Date of birth (mm/dd/yyyy)	12. Date of death (mm/dd/yyyy)	13. Please check all that apply <input type="checkbox"/> Civilian death certificate attached <input type="checkbox"/> Form SGLV 8286A attached (if required)	
14. Date of marriage to service member (Only if deceased was a member of the uniformed services and marriage occurred on or after 1/2/2013) (mm/yyyy)	15. Verification of Coverage and Premium a. Dependent spouse was covered for \$ _____. b. Were premiums for spouse's coverage collected from the member's pay? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Amount owed: \$ _____ for the months _____ through _____.		
PART III – Information of Deceased Child			
16. Name (first middle last)	17. Social Security Number	18. Date of death (mm/dd/yyyy)	
19. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	20. Date of birth (mm/dd/yyyy)	21. Is the civilian death certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. The dependent child of the service member with SGLI coverage is automatically insured for \$10,000 by law. a. Service member is the child's: <input type="checkbox"/> biological or adoptive parent <input type="checkbox"/> step-parent Service Entry Date: _____ b. Is the child's other parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: • Other parent's name _____ • Last four digits of his/her Social Security Number _____ • Branch of Service _____ • Service Entry Date _____ c. Does the child have any step-parents in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: • Step-parent's name _____ • Last four digits of his/her Social Security Number _____ • Branch of Service _____ • Service Entry Date _____ • If step-parent is making a claim, is there proof that the dependent resided in the step-parent's household? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Were the child's parents married at the time of child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No • If No, is Acknowledgement of Paternity attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART IV – Reporting Information			
23. Certifying Command signature X _____ Date Signed: _____		24. Command agency point of contact (please print) 25. Telephone number	



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Directions to military personnel of the uniformed services for reporting the death of an insured dependent

1. This form should be used to report and certify the death of an insured dependent to the:

Office of Servicemembers' Group Life Insurance (OSGLI)
PO Box 70173
Philadelphia, PA 19176-0173

Toll-free phone: **800-419-1473**
Toll-free fax: **877-832-4943**
Email: **osgli.claims@prudential.com**

2. All appropriate items on this form must be completed. All entries except the certifying signature (item 23) must be typed or printed in ink.
3. The amount of the dependent spouse's coverage should be verified to ensure the amount does not exceed the service member's amount of SGLI coverage.
4. If reporting the death of a child, be sure to indicate in item 22 if the child's other parent and/or step-parent is in the military. Also indicate if the child's parents were married at the time of the child's birth in item 22.
5. An authorized agent of the Uniformed Service must sign item 23 to authenticate the information provided.
6. After the form is completed in its entirety, fax a copy with attachments to OSGLI at **877-832-4943** and retain the original.
7. Send a copy to the appropriate Personnel Office to ensure that premium deductions for the dependent spouse are stopped.