

## Death Benefit Claim Form

Decedent's Information		
Name (Full Name)	Last 4-Digits of SSN	
Decedent's Status: <input type="checkbox"/> Retired Officer <input type="checkbox"/> Active Officer	Date of Birth	Date of Death
Street Address		Unit
City	State	Zip Code
Beneficiary Information		
Name (Full Name)		
Relationship to Decedent	Phone Number	
Street Address		Unit
City	State	Zip Code
Email Address		
Death Benefit – Check all that apply.		
<input type="checkbox"/> LAPRA Basic Life Insurance <input type="checkbox"/> RB&I Life Insurance <input type="checkbox"/> Provident Life Insurance		
<p>The above statements are true and complete to the best of my knowledge and belief. I understand and agree that by furnishing this form, the Los Angeles Police Relief Association (LAPRA), the Retirement and Benefits Insurance Association (RB&amp;I) and/or Provident Life Insurance shall not be held to admit validity of any claim, or waive any of its rights, or any of the conditions of the policies.</p>		
Beneficiary Signature- Notarization Required	Date	

Questions? Contact a Benefits Service Representative by sending an email to [benefits@lapra.org](mailto:benefits@lapra.org) or call 888.252.7721.

**ALL-PURPOSE ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
DATE NAME OF NOTARY PUBLIC

personally appeared \_\_\_\_\_,  
NAME(S) OF SIGNER(S)

personally known to me **OR** proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), an that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal or Stamp Here

\_\_\_\_\_  
SIGNATURE OF NOTARY

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it may prove valuable to persons relying on this Acknowledgment and could prevent fraudulent reattachment of this certificate to another document.

**DESCRIPTION OF ATTACHED DOCUMENT**

**THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT**

\_\_\_\_\_  
TITLE OR TYPE OF DOCUMENT

\_\_\_\_\_  
NUMBER OF PAGES

\_\_\_\_\_  
DATE OF DOCUMENT

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE