



# Southern Interior Health & Welfare Plan

c/o Pacific Blue Cross\*

PO Box 24715, Stn. F, Vancouver, BC V5N 5T8

☎: 604 419-2481 FAX: 604 419-2884 Email: [adm@pac.bluecross.ca](mailto:adm@pac.bluecross.ca) Web: <http://siw.planoffice.ca/>

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Please mail, fax or email this form immediately to the Southern Interior Health & Welfare Plan (i.e: prior to submitting proofs of Death claim form). *Note contact information above.*

## **PRELIMINARY NOTIFICATION OF DEATH (GLM 698)**

Employer Name \_\_\_\_\_

Division \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Member's Address \_\_\_\_\_

Job Title \_\_\_\_\_

Date Last Worked \_\_\_\_\_

Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Designated Beneficiary \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Date \_\_\_\_\_ Employer Signature \_\_\_\_\_