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#### INSTRUCTIONS FOR FILING A CLAIM

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- To The Employer-Voluministrator: 1. If claiming employee death benefits, please complete Sections A and C. If claiming dependent spouse or child benefits, please complete Sections A, B, and C.

  2. If claiming voluntary or employee paid benefits, please provide all of the corollment history for the employee and the dependent (if claiming dependent)
  - If customing vocuntary or employee paid benefits, posses provide an of the enrollment history for the employee and the dependent of customing dependent of benefits.
  - 3. Please have each beneficiary review pages 1 through 10 and complete the appropriate pages.
  - 4. Submit completed form to your assigned Claim Office with a Death Certificate, Beneficiary Designation and Encolment Information, if applicable.

	SEC	TION A: EMPL	OYEE INFO	RMATION		
Name of Employee/Me	ember (Last Name)	(First Name)	(Middle Initial)	Date of Birth	Social Security No.	Sex DF
Address (Street)	(Cit	x9	Store	(Zip Code)		
	arried   Widow/Widower	Separated [	☐ Divorced ☐	Domestic Partne		
Policy Number(s): List all p	Occupation	Service and the service and	Was insurance issued on the basis of a statement of physical condition? (If yes, attach copy)			
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Was coverage still in effec	ct through the Date of Death? if w	to, Please Exploin Ye			Designation on file for this E  Yes No It recent beneficiary designa	
Did the Employee have hi	ealth care coverage with Cigna?	Yes No				

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## first aid life support redcross sg - Jul 04 2022

web dec 27 2022 answer 1 check the scene 2 remove the person from the source of the burn 3 check for life threatening conditions 4 cool the burn w large amounts of

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web at the singapore red cross academy we also provide humanitarian aid training in the areas where we have extensive experience and special expertise disaster

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