



NOTICE OF DEATH FORM

Today's Date: ____/____/____

Deceased Information	Name:		
	Address:		
	City, State, Zip:		
	Member #:	Date of Birth:	Date of Death:

Informants Information	Name:		
	Address:		
	City, State, Zip:		
	Phone #:		
	Relationship to Deceased:		

Please return this form and a copy of the Death Certificate to:

GMP Employers Retiree Trust 5245 Big Pine Way SE, Fort Myers, FL 33907-5998

Or fax to GMP Employers Retiree Trust at 239-936-3438

****If you wish to assign benefits to a funeral home, please have the funeral home contact the Trust Office at 239-936-6242.**