



# Affidavit for Notice of Death

***This Affidavit for Notice of Death only applies to your employee and not the members of their family. This Affidavit can only be used for employees within the State of Arkansas, where a Death Certificate cannot be obtained. For out-of-state employees, EBD requires a copy of the Death Certificate.***

***Complete this form and return to EBD via a Task and assign to the Eligibility group or fax to 501-682-1200.***

## DECEASED INFORMATION

Last Name		First Name		Date of Birth		
Member Number		Date of Death		Agency/School District		
Street Address			City		State	Zip Code

## HIR CONTACT INFORMATION

Last Name		First Name			
Street Address		City		State	Zip Code
Phone Number		Email Address			

***By signing this affidavit I certify that the information provided above is accurate. I understand that any misrepresentations in the information I provided above will be subject to penalty. If applicable, I authorize the release of the information noted above and agree to its use in the application process for ARBenefits Plan coverage.***

HIR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### MAIL OR FAX FORM TO:

Department of Transformation and Shared Services - Employee Benefits Division  
PO Box 15610, Little Rock, AR 72231-5610 - FAX: 501-682-1200