

Date: _____

Indiana Family and Social Services Administration
Division of Family Resources
P.O. Box 6117
Indianapolis, IN 46206-6117

To Whom It May Concern,

This letter is to inform you of the death of:

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Medicaid Number/Case Number: _____

I am notifying you of the death of the above individual so that Medicaid benefits may be terminated and records updated accordingly. Enclosed you will find the following:

____ Certified copy of the death certificate

____ Evidence of my relationship to the deceased

Please advise me if any further documentation is required. Should you need any further information, please feel free to contact me. Thank you for your prompt attention to this request.

Sincerely Yours,

My Contact Information

Name: _____

Relationship to Deceased: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Note: You can also report a death by calling the Indiana FSSA at 1-800-403-0864.