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## UCare Member Death Notification Form

Member's Name: \_\_\_\_\_

UCare's ID #: \_\_\_\_\_

County of Residence: \_\_\_\_\_

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

Submitted by: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Please fax form to "Scanning" at 612-676-6501 or email to [Mail-OfficeServices@ucare.org](mailto:Mail-OfficeServices@ucare.org) with "fax" in the subject line.