

SNT Beneficiary Death Notification Form

Member's Name: _____

Medicaid ID / SSN: _____

Date of Death: _____

Member's Address: _____

Name of Authorized Representative: _____

Address of Authorized Representative: _____

Contact Phone Number: _____

Has Probate been filed? Yes No **County:** _____

Estate Number: _____

Submitted by: Trustee Personal Representative (Executor Administrator)

Attorney Other _____

Attorney: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Forward to:

Georgia Department of Community Health
Attn: Trust Unit
100 Crescent Centre Parkway, Suite 1000
Tucker, Georgia 30084
Fax phone: (678) 564-1169 Office: (678) 564-1168
E-Mail: GATrustUnit@gainwelltechnologies.com