STILLBORN DEPENDENT BENEFIT FORM
FOR FULLY-BENEFIT ELIGIBLE (FBE) EMPLOYEES

Great River Health provides a stillborn dependent benefit for employees to help offset the cost of funeral expenses. The stillborn fetus must meet the following requirements:

- Stillborn fetus is 20 weeks gestation or more

  OR

- Stillborn fetus weighs 350 grams or more

The benefit amount is $500.00

Contact Information

Employee Name: _____ Employee ID #: _____
(First M.I. Last name)

I am the child's: ____ Father ____ Mother

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Stillborn Information

Date of Birth: _____

Gestational age (weeks): _____

Weight in grams: _____

Please be sure to include a copy of one of the following documents:

- Fetal Death Record from the State
- Certificate of Birth Resulting in Death (COBRIS) from the State
- Physician summary

_____ _____
Signature Date

Please email the completed form with documentation to Human Resources at askhr@greatriverhealth.org.

Revised: 11/20; 11/22; 01/23, 10/26