**The following fields are required to submit a CLAIMCHECK assignment in Passare:**

* Date of Death
* Social Security Number
* Method of Death
* Address 1
* City
* State
* Zip

**Required Policy Information:**

* Policy Number
* Policy Type
* Policy Value
* Organization
* Beneficiary Request

**Required Beneficiary Information:**

* First & Last Name
* Birth Date
* Relationship
* Social Security Number
* Address
* City
* State
* Zip
* Primary Phone