

**Exhibit 2**

TENNESSEE BOARD OF REGENTS			
SURVIVOR ASSISTANCE REPORT			
Name	Date of Death	Date Notified	
Soc. Security No	Department	Account No.	Position No.
Was employee killed in line of duty? Yes ___ No ___  Did employee die as a result of a work-related injury, accident, or illness?  Yes ___ No ___			
Next of Kin	Relationship		
Address	Telephone		
In the following list of items, indicate the date action was taken (contact, referral, etc.). Where necessary, indicate the date of a follow-up check. (If information is not applicable, indicate "N/A".) When completed, report should be placed in employee's terminated file.			
CHECKLIST			
ACTION	INITIAL CONTACT	FOLLOW-UP	
	NAME/DATE	NAME/DATE	
(1) Inform chief administrator's office of death.			
(2) Request death certificate/physician's statement or court order naming administrator of estate.			
(3) Request termination form regarding ID, key, corporate credit card(s), equipment, key(s), unprocessed travel, computer accounts.			
(4) Coordinate final compensation with Payroll Office (Regular wages, annual, sick, comp time, longevity, extra comp.)			
AGENCIES TO BE CONTACTED			
(1) Retirement			
(2) Insurance Administration			
(3) Flex. Benefits Plan Vendor (FSAs)			
(4) Public Relations Department			

(5) Tax deferred annuity company		
(6) Credit Union		
(7) Division of Claims Administration* (Worker's Compensation)  *Not required in all cases.		
<b>MISCELLANEOUS INFORMATION FOR SURVIVOR/EXECUTOR</b>		
(1) Social Security death benefit  Local Contact: _____  Telephone No.: _____		
(2) Educational Assistance for spouse and dependent children		
Processed by: _____		