

UPPER PENINSULA PLUMBERS' & PIPEFITTERS'
6525 Centurion Drive
Lansing, MI 48917
Telephone AC 800/342/1730

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR MARRIAGE CERTIFICATE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.

TO BE COMPLETED BY BENEFICIARY

Name of Deceased Employee _____

Social Security # _____ Local Union # _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Last Date Worked _____ Name of Last Employer _____

Name of Beneficiary _____

Street _____

City _____ State _____ Zip _____

Birth date of Beneficiary _____

Social Security # of Beneficiary _____

Relationship to Deceased _____

Have death benefits been Assigned to Funeral Home? Yes ___ No ___

If Assigned Name of Funeral Home _____

Address of Funeral Home _____

Tax ID Number _____

Signature of Beneficiary _____ Date _____