

Carpenters Health and Security Plan of Western Washington

PO Box 1929 Seattle, WA 98111-1929

REQUEST FOR LIFE BENEFIT

Please complete the following application and mail it with an *original certified copy* of the Death Certificate to:

Carpenters Trusts of Western Washington
Enrollment Department
PO Box 1929
Seattle, WA 98111

To Be Completed By Life Insurance Beneficiary:

Name of Beneficiary _____ Date of Birth _____ SSN: _____

Address of Beneficiary _____ Relationship _____

City, State, Zip _____ Telephone # _____

Full Name of Deceased _____ SSN: _____

Address _____ Participant

City, State, Zip _____ Spouse

Date of Birth _____ Date of Death _____ Dependent

IF Death Was The Result Of An Accident, Complete The Following:

Date of Accident _____ Place of Accident: _____

Did Accident Occur In Course Of Employment? Yes No

How Did Accident Occur? _____

Signature of Beneficiary _____ Date Signed _____

If the benefit is payable to the estate, executors or administrators of the Insured, the Statement of Beneficiary must be completed by the executor or administrator, a certificate of whose appointment and qualification must be attached. If proceeds are payable to a minor, statement must be made by a guardian and an official certificate of the guardian's appointment and qualification must be submitted.

FOR ADMINISTRATIVE USE ONLY: Certificate of Eligibility

This is to certify that _____

Was eligible _____
Month Year

Date _____

Carpenters Health and Security Trust of Western Washington

Larry P. McNutt, Administrator