

# DEATH BENEFIT/ACCIDENTAL DEATH BENEFIT CLAIM

## **BENEFICIARY'S STATEMENT**

A Claim is hereby filed for the following:

Name of Deceased: \_\_\_\_\_

1. Social Security Number \_\_\_\_\_  
Birth Date (MM/DD/YY): \_\_\_\_\_  
Birthplace (City/State): \_\_\_\_\_
2. Date of Death (MM/DD/YY): \_\_\_\_\_  
Place of Death: \_\_\_\_\_
3. Date Last Worked (MM/DD/YY): \_\_\_\_\_  
Last Occupation: \_\_\_\_\_  
Last Employer's Name/Address: \_\_\_\_\_  
\_\_\_\_\_

**Questions No. 4, 5 and 6 should only be answered if Accidental Death Claim is filed.**

4. Date of Accident (MM/DD/YY): \_\_\_\_\_  
Place of Accident: \_\_\_\_\_
5. Did the alleged accidental death of the participant arise out of, or in the course of employment? \_\_\_\_\_
6. Describe fully how the accident occurred and the nature of injuries received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Regarding the Beneficiary (Where several beneficiaries have been named, please follow instructions on the reverse side.):**

7. Name (please print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Birth Date (MM/DD/YY): \_\_\_\_\_

**Beneficiary Signature:** \_\_\_\_\_

**Dated at** \_\_\_\_\_ **on** \_\_\_\_\_, **20**\_\_\_\_\_

**Note: Instructions on reverse side.**

## Instructions

1. **In order to avoid unnecessary delay in processing your claim, please make certain that all pertinent questions are answered and all supporting documents are included prior to submitting.**
2. A certified copy of the official death certificate must be attached.
3. If any death benefit is to be paid to a minor beneficiary, a certified copy of the appointment of a guardian of the estate of the minor by the Court is required before any payment is made.
4. If any death benefit is to be paid to the estate of the deceased participant, a certified copy of the appointment of the executor or administrator of the estate of the deceased participant by the Court is required before any payment is made.
5. If the designated beneficiary predeceased the participant, a certified copy of the death certificate of the deceased beneficiary will be required.
6. If no beneficiary was designated or if the designated beneficiary predeceased the participant, then the death benefit becomes payable to the first surviving class of the following classes of successive preference beneficiaries:
  - a) The spouse of the deceased participant.
  - b) The child or children of the deceased participant.
  - c) The parents of the deceased participant.
  - d) The brothers and sisters of the deceased participant.
  - e) The executor or administrator of the estate of the deceased participant. Note: If the death benefit is to be paid under this provision, an affidavit from the claimant will be required specifying the basis on which the claimant is presenting the claim as a preference beneficiary.
7. If more than one beneficiary is entitled to receive death benefits, the additional beneficiaries should sign below and provide the requisite information.

### Additional Beneficiaries

Name (please print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_