MICHIGAN CARPENTERS' HEALTH CARE FUND MICHIGAN CARPENTERS' PENSION FUND

6525 Centurion Drive Lansing, Michigan 48917 Telephone AC 800-273-5739

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE, A COPY OF YOUR MARRIAGE CERTIFICATE AND A COPY OF ANY AND ALL DIVORCE DECREES. 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	
Address of Beneficiary	
City	StateZip
Birthdate of Beneficiary	
Relationship to Deceased	
Date Signature of	Beneficiary