

## **DEATH BENEFIT CLAIM**

## International Union of Bricklayers & Allied Craftworkers

CL	.AI	MΑ	NT'S	STA	TEM	<b>ENT</b>

NOTE: Certificate of Death and Member's Dues Payment History must accompany this form.

1. Name of Deceased Member			2. Loca	2. Local Union		3. Date of Death		4. Was the Death Ac		cidental?	)	
				Number	State/Prov.	Month	Day	Year				
5. Soc	cial Security/S	ocial Insurance	<del></del>						YES _	NO		•
6. Nai	me of Benefic	-			ress of Benef	ficiary(ie	s) -	1. 4 / 14	17.9 (4.1)	1	Relations	
				** * * * * * * * * * * * * * * * * * * *						ξ.	to memb	er
*W	here more tha		ry has been named,						and the second of the second o	11		
9. Arı		eficiary(ies) names	ned by the member	d	f answer is leceased bene ections 4, 5.	eficiary's	affidavi death c	t on Fo ertificat	orm DBF 2 is e must also be p	required ar rovided. Sec	nd a copy e instructi	y of ons,
10. Sig	gnature(s) of C		-			-			11. Date			
		in ethic gener	er ke filozof		28 - C.	eg <sup>r</sup>						
	cal Union	13. Name of I			·		eja felt					Paid
					· · · · · · · · · · · · · · · · · · ·		eja felt			Year :	7. Date	Paid
	cal Union	13. Name of I		and the second of the second o	14		oer No.		16. Last Mo./	Year :	7. Date	Paid
12. Loc	Cal Union State/Prov.	13. Name of I	Deceased Member		14	1. Memi	per No.	rades	16. Last Mo./ Paid Dues	Year :	lo. Day	Year
12. Loc Number 18. En be me	State/Prov.  State/Prov.  Iclosed with the neficiary preember).   Copy of Last Wil	is Form: Cerideceased mem Certified copy of	Deceased Member	Dues Payment hate of Death of Administrator d notarized state	listory; Distriction Districti	Form 2  Beneficial equired of executor to the second secon	ch of To	rades avit of C quired benefit II is not	16. Last Mo./ Paid Dues ontingent Benefit named be is to be paid to	Year  S  M  ficiary—required; reficiary proficiary proficiary proficery prof	uired only predeceas	Year if ed
12. Loc Number 18. En be me	State/Prov.  State/Prov.  Iclosed with the neficiary predember).   py of Last Will ly if beneficia	is Form: Cerdeceased mem Certified copy of I & Testament in ry is Estate and	Deceased Member  tificate of Death;  ber);  Certificate court appointment aming Executor and Will is not probated	Dues Payment hate of Death of Administrator d notarized state	listory; District Dis	5. Branco B Form 2 Beneficial equired connection to executor to the second seco	ch of Ti e (Affida ary (re only if it that Wi	rades  avit of C  quired benefit  II is not	16. Last Mo./ Paid Dues ontingent Bene- if named be is to be paid to	/Year  ficiary—requestion ficiary proba	uired only predeceas	Year if ed
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## FOR IU OFFICE USE ONLY

Date Received	DOD MD YOM	Age	Accidental	Amount Payable	Claim No.
Date to Accounting	Date Paid	Check No.	Prepared By Approved By Denied By		Data Entry

FORM DBF 1 1986

Received from the Internation	al Union of Bricklayers
and Allied Craftworkers Local	
the sum of \$ covering	
for the late	
I.U. Number	
Witness	
Dated at	this
Day of	20

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