

**MICHIGAN LABORERS' HEALTH CARE FUND
MICHIGAN LABORERS' PENSION FUND**

6525 Centurion Drive
Lansing, Michigan 48917
Telephone 517-321-7502
Toll Free 877-645-2267

APPLICATION FOR DEPENDENT SPOUSE DEATH BENEFIT

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

TO BE COMPLETED BY EMPLOYEE

Name of Employee _____

Member ID or SS# _____ Local Union # _____

Address of Employee _____

City _____ State _____ Zip _____

Name of Deceased Spouse _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Date _____ **Signature of Employee** _____