

MICHIGAN LABORERS' PENSION FUND
6525 Centurion Drive • Lansing, MI 48917-9275
(517) 321-7502 • FAX (517) 321-7508
(877) 645-2267

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR MARRIAGE CERTIFICATE. 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 Employer: _____

Name of Beneficiary: _____

Address of Beneficiary: _____

City _____ State _____ Zip Code _____

Birth Date of Beneficiary: _____

Social Security # of Beneficiary: _____

Relationship to Deceased: _____

Date _____ Signature of Beneficiary: _____