Michigan Laborers' Pension Fund

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Administered by Welfare & Pension Administration Service, Inc.

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN YOU HAVE COMPLETED THE FORM PLEASE MAIL THIS BACK TO THE FUND OFFICE WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR MARRIAGE CERTIFICATE. IF ANY ADDITIONAL INFORMATION IS NEEDED THE FUND OFFICE WILL INFORM YOU AT THAT TIME.

Ī	O BE COMPLETED BY BENEFICIARY			
Name of Deceased Employee:				
Last	First		MI	
Social Security No:	Local Union No:			
Date of Birth:	Date of Death:			
Cause of Death:				
Last Date Worked:	Name of Employe	er:		
	BENEFICIARY INFORMATION			
	<u>BENEFICIANT INFORMATION</u>			
Name:				
Last	First		MI	
Mailing Address:		. .		
Street		State	Zip	
Home Phone Number:	Cell Phone Numb	er:		
Email Address:	Relationship to D	Relationship to Deceased:		
Social Security Number:	Date of Birth:			
Date of Signature:	Signature:			

