

# Michigan Laborers' Pension Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR MEMBER DEATH BENEFIT

PLEASE NOTE THAT TO BE ELIGIBLE FOR THIS BENEFIT, THE APPLICATION MUST BE COMPLETED WITHIN ONE YEAR OF THE DATE OF THE PARTICIPANT'S DEATH. 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.

### TO BE COMPLETED BY BENEFICIARY

<b>Name of Deceased Employee:</b>		
Last	First	MI
<b>Social Security No:</b>	<b>Local Union No:</b>	
<b>Date of Birth:</b>	<b>Date of Death:</b>	
<b>Cause of Death:</b>		
<b>Last Date Worked:</b>	<b>Name of Employer:</b>	

### BENEFICIARY INFORMATION

<b>Name:</b>			
Last	First	MI	
<b>Mailing Address:</b>			
Street	City	State	Zip
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>		
<b>Email Address:</b>	<b>Relationship to Deceased:</b>		
<b>Social Security Number:</b>	<b>Date of Birth:</b>		
<b>Date of Signature:</b>	<b>Signature:</b>		

