

**MICHIGAN CARPENTERS' HEALTH CARE FUND
MICHIGAN CARPENTERS' PENSION FUND**

6525 Centurion Drive
Lansing, Michigan 48917
Telephone AC 800-273-5739

APPLICATION FOR MEMBER DEATH BENEFIT

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

Name of Beneficiary _____

Address of Beneficiary _____

City _____ State _____ Zip _____

Birthdate of Beneficiary _____

Social Security # of Beneficiary _____

Relationship to Deceased _____

Date _____ Signature of Beneficiary _____