SHEET METAL WORKERS LOCAL UNION NO. 7,
ZONE 2 HEALTH CARE PLAN

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH ANY REQUESTED INFORMATION. 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____________

Beneficiary's Telephone Number____

Birthdate of Beneficiary ____________________ Social Security # of Beneficiary____________________

Relationship to Deceased____

Date__________________ Signature of Beneficiary______________________________________

6525 Centurion Drive, Lansing MI 48917-7925
(517) 321-7502 * FAX (517) 321-7508
Toll Free (866) 887-4338