

DEATH BENEFIT CLAIM / TEAMSTERS LOCAL 456

MEMBERS NAME: _____ DATE: _____

MEMBERS SS#: _____

_____ DEATH BENEFIT _____ DISMEMBERMENT

NAME OF DECEASED: _____ RELATIONSHIP: _____

SS#: _____ DATE OF DEATH: _____

IF ACCIDENTAL DEATH, DATE OF ACCIDENT _____

OFFICIAL COPY OF
DEATH CERTIFICATE ATTACHED? _____ # _____

BENEFICIARY'S
NAME _____ RELATIONSHIP: _____

BENEFICIARY'S SS# _____ DTE. OF BIRTH: _____

BENEFICIARY'S ADDRESS: _____

SIGNATURE OF CLAIMANT: _____

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Do Not Write Below This Line – Office Use Only

- If DECEASED is Dependent: _____ Spouse _____ Child

- If DECEASED is Member:

Is Beneficiary Form On File? Yes _____ No _____

ACTIVE _____

PENSION _____ (456 _____ OR Prud. _____)

- If DECEASED is PENSIONER:

LAST CHECK RECVD: _____ DOES PENSION CONTINUE _____

AMOUNT OF INSURANCE

BASIC: _____

ACCIDENTAL DEATH: _____

DISBURSEMENT: _____

ELIGIBILITY

APPROVED BY: _____