

**NECA-IBEW LOCAL 364  
HEALTH & WELFARE FUND**  
6525 Centurion Drive • Lansing, MI 48917-9275  
(517) 321-7502 • FAX (517) 321-7508  
(877) 364-4239

**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 AFFIDAVIT DECLARING MARITAL STATUS. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.***

**TO BE COMPLETED BY BENEFICIARY**

DECEASED EMPLOYEE INFORMATION

Full Name of Deceased Employee: \_\_\_\_\_

Member ID or SS Number: \_\_\_\_\_ Local Union #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Date Worked: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

\_\_\_\_\_

BENEFICIARY INFORMATION

Full Name of Beneficiary: \_\_\_\_\_

Physical Address of Beneficiary: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Birthdate of Beneficiary: \_\_\_\_\_

**Signature of Beneficiary:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_