

KENTUCKY LABORERS DISTRICT COUNCIL HEALTH & WELFARE FUND

1996 BYPASS SOUTH
LAWRENCEBURG, KENTUCKY 40342

Telephone: (800) 598-7330

Fax Number: (502) 839-3558

DEATH BENEFIT CLAIM FORM

PARTICIPANT=S NAME:			
PARTICIPANT=S SOC. SEC. #:		DATE OF DEATH:	
PARTICIPANT=S ADDRESS:	Street or P.O. Box:		
	City:	State:	Zip:
IF DEATH WAS DUE TO ACCIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION: (Note: Also please provide copies of any pertinent documentation, such as Police Report, etc.)	When did accident happen?		
	Where did accident happen?		
	How did accident happen?		

BENEFICIARY=S NAME			
BENEFICIARY=S SOC. SEC. #: (If Beneficiary is Funeral Home, Company MUST provide Tax Identification Number)	Beneficiary=s SSN:	_ _ _ - _ _ - _	_ _ _ _ _
	If Beneficiary is Funeral Home, Company=s Tax ID Number:	_ _ - _ _ _ _	_ _ _ _ _
BENEFICIARY=S ADDRESS:	Street or P.O. Box:		
	City:	State:	Zip:
BENEFICIARY=S SIGNATURE: (If Beneficiary is Funeral Home, owner or officer MUST sign and give title)	SIGNATURE:		DATE:
	TITLE (if applicable):		

IF PARTICIPANT NAMED OTHER BENEFICIARIES, THEY MUST COMPLETE THE FOLLOWING:			
NAME	SOC SEC # (If Beneficiary is Funeral Home, Company MUST provide Tax ID #)	ADDRESS	SIGNATURE AND DATE (If Beneficiary is Funeral Home, owner or officer MUST sign and give title)

BY ALL SIGNATURES GIVEN ABOVE, PARTIES LISTED HEREBY CERTIFY THAT ABOVE INFORMATION IS TRUE AND CORRECT. PARTIES MUST ATTACH CERTIFIED COPY OF THE DEATH CERTIFICATE AND ANY OTHER PERTINENT INFORMATION NEEDED TO PROCESS CLAIM.

NOTE TO BENEFICIARIES: DEATH BENEFITS AND/OR ACCIDENTAL DEATH BENEFITS MAY BE CONSIDERED AS TAXABLE INCOME. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THIS MATTER.