## KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 Bypass South Lawrenceburg, KY 40342

Telephone: (502) 839-8166

Fax: (502) 839-3558

## AFFIDAVIT OF SURVIVORSHIP

	PARTICIPANTS SOC.	SEC. #:	PARTICIPANTS DATE OF DEATH:	
REBY CONFIRM THAT THE FOLLOWIN REN, SISTERS, AND/OR BROTHERS) C	NG IS A COMPLETE LIST OF THE ABOVE-REFERENCED	E FAMILY MEM PARTICIPANT:	BERS (SPOUSE	, MOTHER, FATHER,
FULL NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER		TIONSHIP	DATE OF DEATH
- ·				
If there are more family member				
FORE, WE, THE SURVIVING FAMILY N	MEMBERS LISTED ABOVE (AND	ON REVERSE	SIDE OF FORM	e persons
RE THAT WE ARE SOLE BENEFICIAR CT COUNCIL HEALTH AND WELFARE	IFS FOR ANY LIFE BENEFITS F	ON REVERSE PAYABLE THRO T ALL INFORMA	SIDE OF FORM UGH THE KENT TION GIVEN HE	IF APPLICABLE), TUCKY LABORERS EREIN IS TRUE AND
RE THAT WE ARE SOLE BENEFICIAR CT COUNCIL HEALTH AND WELFARE	IFS FOR ANY LIFE BENEFITS F	OON REVERSE PAYABLE THRO T ALL INFORMA BENEFICIA	SIDE OF FORM UGH THE KENT	IF APPLICABLE), FUCKY LABORERS EREIN IS TRUE AND
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## (Affidavit of Survivorship - Additional Family Members)

FULL NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO PARTICIPANT	DATE OF DEATH (IFAPPLICABLE)

BENEFICIARYS SIGNATURE	BENEFICIARYS ADDRESS (Street or P.O. Box, City, State, Zip)