

# 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

|  |                            |                       |      |
|--|----------------------------|-----------------------|------|
| <b>PARTICIPANT=S NAME:</b>   |                            |                       |      |
| <b>PARTICIPANT=S SOC. SEC. #:</b>  |                            | <b>DATE OF DEATH:</b> |      |
| <b>PARTICIPANT=S ADDRESS:</b>  | Street or P.O. Box:        |                       |      |
|  | City:                      | State:                | Zip: |
| <b>IF DEATH WAS DUE TO ACCIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b><br>(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?   |                       |      |

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

| IF PARTICIPANT NAMED OTHER BENEFICIARIES, THEY MUST COMPLETE THE FOLLOWING: |  |         |   |
|---|--|---------|---|
| NAME  | SOC SEC #<br>(If Beneficiary is Funeral Home, Company MUST provide Tax ID #) | ADDRESS | SIGNATURE AND DATE<br>(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.