

**MICHIGAN LABORERS' HEALTH CARE FUND  
MICHIGAN LABORERS' PENSION FUND**

6525 Centurion Drive  
Lansing, Michigan 48917  
Telephone 517-321-7502  
Toll Free 877-645-2267

**APPLICATION FOR DEPENDENT SPOUSE DEATH BENEFIT**

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE, COMPLETED AFFIDAVID DECLARING MARITAL STATUS AND A COPY OF YOUR MARRIAGE CERTIFICATE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.

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**TO BE COMPLETED BY EMPLOYEE**

Name of Employee \_\_\_\_\_

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

Address of Employee \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Deceased Spouse \_\_\_\_\_

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

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

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Date \_\_\_\_\_ **Signature of Employee** \_\_\_\_\_