

**MICHIGAN LABORERS'
HEALTH CARE FUND**

6525 Centurion Drive • Lansing, MI 48917-9275
(517) 321-7502 • FAX (517) 321-7508
(877) 645-2267

APPLICATION FOR MEMBER DEATH BENEFIT

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

TO BE COMPLETED BY BENEFICIARY

DECEASED EMPLOYEE INFORMATION

Full Name of Deceased Employee: _____

Social Security #: _____ 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: _____

Signature of Beneficiary: _____

Date Signed: _____ Beneficiary Phone Number: _____