

**BAC of MICHIGAN HEALTH AND WELFARE FUND
Local #2**

P.O. Box 99490 Troy, MI 48099-9490
Phone# 248-828-6000 Fax# 248-828-6001

Application For Death Benefits

According to our records, you may be entitled to a death benefit payment from this Health Plan. In order for us to consider paying this death benefit, you must provide us with all the information being requested below along with a copy of the death certificate. Benefits will be administered according to the Funds, SPD, (Summary Plan Description). Should you have any questions please contact the Fund Office.

Today's Date: _____

Member SS#: _____ - - _____

Members Name: _____

Death Benefit Payable to (name & address on check):

Beneficiary SS#: _____ - - _____

Beneficiary Name: _____

Check Address:

Requested By: _____
(Signature)

-----**Below This Line --- For Office Use Only**-----

Benefit Amount: _____

Processed By: _____

Date Processed: _____

