



SHEET METAL WORKERS' LOCAL UNION NO. 80

FRINGE BENEFIT FUNDS

P.O. Box 1408 / Troy, MI 48099-1408 / (248) 641-4980 (800) 400-7710

APPLICATION FOR BEREAVEMENT BENEFITS

You may be entitled to Bereavement benefit payment from the Sheet Metal Workers' Local Union No. 80 S.U.B. Fund. In order for us to consider paying this Bereavement benefit, you must provide us with all the information being requested below. Should you have any questions please contact the Fund Office.

1. This application and the attached W-4 form must be completed.
2. A copy of your pay stub for the week you are requesting Bereavement Benefit.
3. You must provide us with copies of at least one of the following:
 - a. A copy of Death Notification
 - b. Newspaper notification
 - c. A letter from the Funeral Home
4. Please indicate the date(s) you are requesting Bereavement Benefit.

5. Please indicate how you are related to the deceased. _____

COMMENTS: _____

Name: _____

Social Security Number: _____

Address: _____
(Number and Street) (City) (State) (Zip Code)

Telephone Number: _____

Name of your most recent employer: _____

Signature of Applicant

Date