



SHEET METAL WORKERS LOCAL 292 FRINGE BENEFIT FUNDS

**P.O. Box 189
Troy, MI 48099-0189
(248) 641-4992 (888) 646-6565
Fax #-(248) 556-2594
SMW292@subfund.org**

BEREAVEMENT BENEFIT APPLICATION

Name: _____

Soc. Sec. No.: _____ Phone Number: _____

Date of Application: _____ Date of Service: _____

Days off work: From _____ To _____

Employer during Bereavement Leave: _____

I hereby request SUB Benefits provided by the Sheet Metal Workers Local 292 SUB Fund due to a death in my immediate family.

The Bereaved was my: (choose one)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Legal Spouse | <input type="checkbox"/> Legal Spouse's Grandparent |
| <input type="checkbox"/> Child | <input type="checkbox"/> Legal Spouse's Child |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Legal Spouse's Parent |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Legal Spouse's Sibling |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Legal Spouse's Aunt |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Legal Spouse's Uncle |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Legal Spouse's Niece |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Legal Spouse's Nephew |
| <input type="checkbox"/> Nephew | |

I have provided: (required for payment)

- Dated death notice from local newspaper or Funeral Home
- Proof of relationship to the deceased
- Note from applicant's current employer verifying the dates of work missed or a copy of that week's pay stub.
(One day in one calendar week must be missed to receive a SUB check.)

Signature of Applicant: _____ Date: _____