



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)

Legal Spouse

Legal Spouse's Grandparent

Child

Legal Spouse's Child

Parent

Legal Spouse's Parent

Grandparent

Legal Spouse's Sibling

Grandchild

Legal Spouse's Aunt

Sibling

Legal Spouse's Uncle

Aunt

Legal Spouse's Niece

Uncle

Legal Spouse's Nephew

Niece

Legal Sibling's Spouse

Nephew

Legal Spouse's Sibling's Spouse

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: _____