

INTERNATIONAL UNION
UNITED MINE WORKERS OF AMERICA
PENSION FUND

APPLICATION FOR DEATH BENEFIT

Enclose Copy of Death Certificate

Name of Covered Person: _____

Address: _____

Social Security Number: _____

Date of Birth: _____ Date of Death: _____

Place of Death: _____

Name of Applicant: _____

Address: _____

Relationship, if any, to the deceased: _____

Social Security Number: _____

Telephone Number: _____

I hereby apply for the death benefit specified in the International Union, United Mine Workers of America Pension Plan. To the best of my knowledge, I am the sole individual entitled to receive said benefit according to the rules of the Plan.

Signature of Applicant: _____ Date: _____

