



IUE-CWA Pension Fund
1460 BROAD STREET
BLOOMFIELD, NJ 07003
(973) 893-0333 phone (973) 893-8225 fax
www.iuepension.org

Application for Severance Benefit on Account of Death

Deceased Participant Information

Name Social Security Number

Date of Birth Date of Death Sex: M F

Employer Last date of employment

Information of Beneficiary(ies) Applying for Benefits -- if there are more than 2 beneficiaries applying, use the back of this form, giving the same information as asked below.

Name Social Security Number

Address Street City State Zip

Telephone Relationship to Participant

Name Social Security Number

Address Street City State Zip

Telephone Relationship to Participant

Required Documentation

I understand that I am required to provide the following documents to determine my eligibility for benefits.

- Participant's Original or Certified Death Certificate

The following section must be witnessed by an adult not related to the applicant.

I (we) agree to sign such statements and affidavits and to submit such proof as the Trustees may require to establish my (our) claim to the Death Benefit.

I (we) agree that in the event of payment of the Severance Benefit on Account of Death to some other party, pursuant to judgement of a court, I (we) will reimburse the Trustees the full amount paid by the Trustees, pursuant to judgement, up to the amount received by me (us).

Applicant's Signature Date

Witness Address:

Applicant's Signature Date

Witness Address: