



## DEATH BENEFIT CLAIM

**International Union of  
Bricklayers & Allied Craftworkers**

### CLAIMANT'S STATEMENT

**NOTE: Certificate of Death and Member's Dues Payment History must accompany this form.**

1. Name of Deceased Member	2. Local Union	3. Date of Death			4. Was the Death Accidental?  YES _____ NO _____
	Number    State/Prov.	Month	Day	Year	
5. Social Security/Social Insurance No.					
6. Name of Beneficiary*(ies)		7. Address of Beneficiary(ies)			8. Relationship to member
*Where more than one beneficiary has been named, see instruction on reverse side.					
9. Are you the beneficiary(ies) named by the member? Yes _____ No _____		<b>NOTE:</b> If answer is <b>NO</b> an affidavit on Form DBF 2 is required and a copy of deceased beneficiary's death certificate must also be provided. See instructions, sections 4, 5.			
10. Signature(s) of Claimant(s)					11. Date

### LOCAL UNION STATEMENT

12. Local Union	13. Name of Deceased Member	14. Member No.	16. Last Mo./Year Paid Dues	17. Date Paid
Number    State/Prov.				Mo.    Day    Year
		15. Branch of Trade:		
18. Enclosed with this Form: <input type="checkbox"/> <b>Certificate of Death</b> ; <input type="checkbox"/> <b>Dues Payment History</b> ; <input type="checkbox"/> <b>DB Form 2 (Affidavit of Contingent Beneficiary--required only if beneficiary predeceased member)</b> ; <input type="checkbox"/> <b>Certificate of Death of Named Beneficiary (required if named beneficiary predeceased member)</b> ; <input type="checkbox"/> <b>Certified copy of court appointment of Administrator of Estate (required only if benefit is to be paid to Estate)</b> ; <input type="checkbox"/> <b>Certified copy of Last Will &amp; Testament naming Executor and notarized statement from Executor that Will is not to be presented for probate (required only if beneficiary is Estate and Will is not probated).</b>				
19.				
Affix Local Union Seal		Signed _____	Financial Secretary <input type="checkbox"/>	
		Date _____	Business Manager <input type="checkbox"/>	
			President <input type="checkbox"/>	

### FOR IU OFFICE USE ONLY

Date Received	DOD MD YOM	Age	Accidental	Amount Payable	Claim No.
Date to Accounting	Date Paid	Check No.	Prepared By Approved By Denied By	Data Entry	

Received from the International Union of Bricklayers  
and Allied Craftworkers Local # \_\_\_\_\_

the sum of \$ \_\_\_\_\_ covering Mortuary Benefits

for the late \_\_\_\_\_

I.U. Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness

Dated at \_\_\_\_\_ this \_\_\_\_\_

Day of \_\_\_\_\_ 20\_\_