



APPLICATION FOR BENEFICIARY DEATH BENEFITS

PLEASE PRINT OR TYPE:

1. Application for Beneficiary Death Benefits:

- a. Name: _____
(Last) (First) (Middle)
- b. Relationship to Participant: _____
- c. Your Social Security Number: _____
- d. Your Date of Birth: _____
- e. Your Home Address: _____
(Address) (Street)

(City) (State) (Zip)
- f. Your Telephone Number: _____
(Telephone Number)

2. Deceased Participant Information:

- a. Name of Participant: _____
- b. Participant Social Security Number: _____
- c. Participant Date of Birth: _____
(Month - Day - Year)
- d. Participant Date of Death: _____
(Month - Day - Year)

** Please provide a certified copy of the death certificate of the Participant*

3. Were you married or in a domestic relationship with the employee at the time of death? ____ Yes ____ No

If yes, please complete the following:

a. Date of Marriage or domestic partnership agreement: _____
(Month - Day - Year)

** Please provide a certified copy of the marriage or domestic partnership agreement.*

I hereby certify that the above statements are true and correct to the best of my knowledge.
I understand that a false statement may disqualify me for benefits.

To support this application, I am attaching a certified copy of the death certificate of the Participant. If I am a spouse or domestic partner, I am attaching a certified copy of the marriage certificate or domestic partnership agreement.

This application revokes any prior applications I have filed.

Applicant's Signature Date

Sworn and subscribed to me this _____ day of _____, _____.

NOTARY PUBLIC

State of _____ County of _____ My Commission expires _____

Please Return to:
Miami Firefighters' Relief and Pension Fund.
Jorge Megias; Administrative Manager
2980 NW South River Drive
Miami, FL 33125
(305) 633-3447