

## WF RETIREES' HEALTH TRUST DEATH BENEFIT CLAIM DOCUMENTATION

### SECTION 1 – PLAN ADMINISTRATOR'S STATEMENT CLAIM IS HEREBY DOCUMENTED FOR \$50,000.00 DEATH BENEFIT

Retiree's Name:		Decedent's Name:	
Social Security Number:		Decedent is: <input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth:	Place of Birth:	Date of Death:	Place of Death:
Cause of Death (in Detail):			

### SECTION 2 – PLAN ADMINISTRATOR'S CERTIFICATION WE CERTIFY THE DECEDENT WAS ELIGIBLE AT THE TIME OF DEATH

Plan Administrator: WF RETIREE'S HEALTH TRUST	
By: _____ (Signature & Title)	Date: _____

### SECTION 3 – BENEFICIARY STATEMENT.

Full Name:	Date of Birth:	Social Security Number:
Address:	City:	State/Zip:
Relationship to the Deceased:	Day Time Phone:	Evening Phone:
I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief.		
By: _____		Date: _____

### SECTION 4 – ADDITIONAL BENEFICIARIES

Full Name:	Date of Birth:	Social Security Number:
Address:	City:	State/Zip:
Relationship to the Deceased:	Day Time Phone:	Evening Phone:
I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief.		
By: _____		Date: _____

  

Full Name:	Date of Birth:	Social Security Number:
Address:	City:	State/Zip:
Relationship to the Deceased:	Day Time Phone:	Evening Phone:
I hereby certify that the answers I have made to the questions are both complete and true to the best of my knowledge and belief.		
By: _____		Date: _____

# **WF RETIREES' HEALTH TRUST**

## **SECTION 5 – INSTRUCTIONS DEATH BENEFIT CLAIM DOCUMENTATION**

1. Please complete the above form in its entirety.
2. Along with this form, please attach a certified copy of the official Death Certificate.
3. If benefits are to be paid to a minor beneficiary, a certified copy of the appointment of a guardian of the estate of the minor by the Court is required prior to any payment.
4. If more than one beneficiary is entitled to receive proceeds, the additional beneficiaries should sign the form and provide the information requested.
5. If the designated beneficiary predeceased the deceased member, a certified copy of the Death Certificate of the deceased beneficiary will be required.
6. If no beneficiary was designated or the designated beneficiary predeceased the covered member, then the death benefit will be payable to the estate of the deceased.
7. If benefits are to be payable to the estate of the deceased, a certified copy of the appointment of the executor or administrator of the estate of the deceased by the Court is required prior to any payment.