



MEMBER ID: _____

DECEASED MEMBER INFORMATION

Please include a copy of the death certificate.

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F Title: [] Rev. [] Dr.

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State ____ ZIP _____

CLAIMANT INFORMATION

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State ____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

Relationship to Deceased: _____

If widowed spouse, date of marriage to deceased: ____/____/____

DECEASED MEMBER SURVIVING CHILDREN

Only use as additional contact information, and if necessary.

Name: _____ Date of Birth: ____/____/____

Place of Residence: _____

Name: _____ Date of Birth: ____/____/____

Place of Residence: _____

SIGNATURE OF CLAIMANT

I do hereby affirm that I have carefully read and understood this form in its entirety, and that together with all documents attached, are submitted to the Pension Boards as proof of death and justness of claim.

Attached with this application is a copy of the member's death certificate. Also attached is a copy of my birth certificate. (Please note: A copy of a passport or driver's license may be provided when a birth certificate is not available.)

Claimant Signature _____ Date: ____/____/____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.