



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 _____			NOTE: If answer is NO 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.				15. Branch of Trade:		Mo.	Day	Year
18. Enclosed with this Form: <input type="checkbox"/> Certificate of Death; <input type="checkbox"/> Dues Payment History; <input type="checkbox"/> DB Form 2 (Affidavit of Contingent Beneficiary—required only if beneficiary predeceased member); <input type="checkbox"/> Certificate of Death of Named Beneficiary (required if named beneficiary predeceased member). <input type="checkbox"/> Certified copy of court appointment of Administrator of Estate (required only if benefit is to be paid to Estate); <input type="checkbox"/> Certified copy of Last Will & 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).									
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	

FORM DBF 1 1986

White—Return to IU Headquarters.

Yellow—This Copy for Local Union Files.

Pink—Return to IU Headquarters.