



# Plasterers Local 31 Insurance Fund

C/o O.P. & C.M.I.A. Combined Funds  
Of Western PA, Inc.  
1900 Andrew Street  
Munhall PA 15120  
Telephone: (412) 464-2851  
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## APPLICATION FOR ACTIVE DEATH BENEFIT

### Section I: Beneficiary Information

Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

### Section II: Participant Information

Participant's Name: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Section III: Application for Active Death Benefits

As the beneficiary of the Participant, I hereby apply for payment of the Participant's active Death Benefit under the Plan and have attached a copy of the death certificate. I hereby certify that the information furnished above is true and correct to the best of my knowledge, and I hereby authorize all action necessary to implement my application. I understand that all payments are governed by the Plasterers Local #31 Insurance Plan, and I agree to reimburse the Insurance Fund for any payments not provided for by the document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_ On \_\_\_\_\_, 200\_\_, the above named person appeared before me and acknowledged that he or she signed this form for the reasons set forth herein.

[SEAL]

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

### Section V: Administrative Office Use Only

Application for Death Benefit received from Beneficiary on \_\_\_\_\_.

By: \_\_\_\_\_