

BLASTERS, DRILLRUNNERS & MINERS UNION
LOCAL #29 WELFARE FUND
43-12 Ditmars Boulevard, Astoria, NY 11105
(718) 278-5800

APPLICATION FOR DEATH BENEFIT

Name (Print) _____

Address (Print) _____

S.S. Number _____ Telephone No. _____

Name of Deceased Member _____

Please print

The undersigned hereby make(s) application for payment of the Benefit on the death of the above named in accordance with the provisions of the Blasters, Drillrunners & Miners Union Local #29 and make(s) the following statements and representations to the Trustees of the Fund, with knowledge that said Trustees will rely on same in granting said payment:

1. S.S. Number of Deceased _____ Relationship to Deceased _____

2. Cause of Death _____

3. I (we) agree to sign such statements and affidavits and to submit such proof as the Trustees may require to establish my(our) claims to the Death Benefit. I(we) further agree to fully indemnify the Blasters, Drillrunners & Miners Union Local #29 Welfare Fund (the "Fund") and all of its Trustees, and to hold the Fund and its Trustees harmless, if any claim to this Death Benefit is asserted by any other person or persons after such Death Benefit has been paid to the undersigned applicant(s)."

4. By what right do you claim this Death Benefit? _____

5. Enclosed herewith is one death certificate of the deceased (original or certified copy).

Signature of Applicant _____ Date _____

State of _____ County of _____

On the _____ day of _____ year _____ before me came _____ who was proven to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing statement and (s) he duly acknowledged to me that (s) he executed the same.

Notary Public _____