

Michigan Conference of Teamsters Welfare Fund

**Retiree Death Benefit Program
Application Form**



Retiree Section			
Retiree's Name (Last – First – Middle)		Contract Number _ _ _ _ _	
Address		Date of Birth (MM/DD/YY) _ _ / _ _ / _ _	Date Deceased (MM/DD/YY) _ _ / _ _ / _ _
		Date of Retirement (MM/DD/YY) _ _ / _ _ / _ _	
City	State	Zip	Phone Number () -

Below please list all the employers for whom the Retiree was employed under an International Brotherhood of Teamster's collective bargaining agreement. Please attach a supplemental list for additional employers.

Name of Employer	Location (City – State)	From (MM/YY)	To (MM/YY)
1.			
2.			
3.			
4.			
5.			
6.			

Spouse Section		
(If the Retiree is deceased, the Spouse must complete both the Retiree and Spouse sections)		
Spouse's Name (Last – First – Middle)		Social Security Number _ _ _ _ _
Address		Date of Birth _ _ / _ _ / _ _
Phone Number () -		
City	State	Zip
Retiree's Signature	Date	Requested Benefit Amount (circle one) \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000
Spouse's Signature	Date	Requested Benefit Amount (circle one) \$1,000 \$2,000 \$3,000 \$4,000 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000