

# Idaho Operating Engineers – Employers Pension Trust Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR DEATH BENEFIT

*Please print or type the following.*

1. Name of Deceased Member \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_
3. Home Address \_\_\_\_\_  
Street City State Zip Code
4. Date of Death \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_ 6. Union Local No. \_\_\_\_\_
7. Marital Status of Deceased Member: ☐ Never Married ☐ Married ☐ Widowed ☐ Separated ☐ Divorced\*
- \*If the member's marriage was dissolved after December 31, 1984, it is required that you attach a copy of the Dissolution Decree and property settlement agreement and/or Qualified Domestic Relations Order (QDRO). Date of Divorce \_\_\_\_\_
8. Name of Deceased Member's Last Employer \_\_\_\_\_
9. Deceased Member's Last Date of Employment \_\_\_\_\_

Enclosed herewith is a copy of the Death Certificate, a copy of the Member's Birth Certificate, a copy of my Birth Certificate, and copies of any and all of my Marriage Certificates (Marriage Certificates only necessary if Beneficiary's name has changed).

*To be completed by Beneficiary:*

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_  
Street City State Zip Code

Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

### NOTARIZATION

*Subscribed and sworn to before me*

*this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_*

*Notary Public in and for the State of \_\_\_\_\_*

*Residing at \_\_\_\_\_*

I hereby certify that I am the lawful beneficiary of the deceased.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE

Total Benefit = \_\_\_\_\_.

Computed By: \_\_\_\_\_ Date: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Attach copy of documentary proof of age so specified on the reverse side.**

**DOCUMENTS ACCEPTABLE AS PROOF OF AGE**  
(SEE NOTE)

**A) A copy of any *ONE* of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

**B) If neither of the preceding are available, copies of any *TWO* of the following may be submitted:**

1. U. S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. Written Certification of Union Local

**NOTE:** *All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.*