

# Electrical Workers' Benefit Association

HOME OFFICE  
1125 FIFTEENTH STREET, N.W.  
WASHINGTON, D.C. 20005

## INFORMATION STATEMENT FOR DEATH CLAIM

TO: Mrs. Doris Holmquist DATE: 12-28-76  
FROM: Ralph A. Leigon, Secretary of EWBA

### MEMBER IDENTIFICATION

NAME Leroy R. Jewett CARD NO. 90298  
 MEMBER OF L.U.  PENSION  WITHDRAWAL CARD MEMBER  
DATE LAST PAID DUES \_\_\_\_\_ LAST PENSION CHECK ISSUED \_\_\_\_\_  
DUES MUST BE PAID THROUGH MONTH OF DEATH.

### REQUIREMENTS FOR PAYMENT OF DEATH CLAIM

- ✓ *Send original*  
1. Return Benefit Certificate 129361 Cannot be located   
(Send Waiver)  
Beneficiaries Named Estate
2. If relationship is not retained, advise whether Deceased  or Divorced . Proper forms will be mailed for payment to next of kin.
3. Forward Certified Certification of Death issued by Bureau of Vital Records by the State or Province of Canada.
4. Date of Death \_\_\_\_\_ Nonaccidental  Accidental
5. When Estate is named as beneficiary, we must also receive letters of administration.
6. When beneficiaries or heirs are minors, give birthdate and forward guardianship papers.

### INFORMATION GIVEN BY:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date Completed \_\_\_\_\_