



Laborers' District Council
Benefit Funds

Reply to: 665 North Broad Street 2nd Floor, Philadelphia, Pa 19123

Dear Applicant:

Enclosed is your Application for Death Benefits. When your eligibility has been determined we will notify you. If you have any questions or need assistance in filling out the enclosed application, please feel free to contact our Pension Processing department. Please remember to:

1. READ EACH QUESTION CAREFULLY
2. PRINT ALL INFORMATION
3. ANSWER ALL APPLICABLE QUESTIONS
4. ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED
5. SIGN THE APPLICATION

MAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS (i.e. marriage license; birth certificate; proof of age) TO THE ABOVE ADDRESS.

FAILURE TO SIGN YOUR APPLICATION OR PROVIDE THE REQUIRED DOCUMENTS WILL RESULT IN ADDITIONAL DELAYS IN THE PROCESSING OF YOUR APPLICATION TO COMPLETION. (see page 3)

If you have any questions or need assistance in filling out the enclosed application, please feel free to contact our Pension Processing department.



Laborers' District Council
of the Metropolitan Area of
Philadelphia and Vicinity

For Pension and Health and Welfare
Fund Services, please call:
Tel: **1-877-LABOR-77** or 215-765-2014
215-236-6700 or **215-765-4633**
Fax: **215-765-8329**

APPLICATION FOR DEATH BENEFITS (Please complete all spaces)

What is the name of the deceased?		Deceased Social Security Number	
Deceased date of death <i>(please submit original death certificate)</i>		Deceased date of birth <i>(please submit birth certificate)</i>	
Deceased address (If different from yours) (please include, city state and zip)			
Applicant's Name	SSN <i>(attach copy of social security card)</i>	Telephone Number	Relationship to deceased
Applicant's Address (please include, city state and zip)		Applicants date of birth <i>(attach your birth certificate)</i>	
WERE YOU MARRIED TO THE DECEASED ON HIS OR HER DATE OF DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES , PLEASE ATTACH A COPY OF YOUR <u>MARRIAGE LICENSE</u>			
WERE YOU DIVORCED FROM THE DECEASED ON HIS OR HER DATE OF DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES , PLEASE ATTACH A COPY OF YOUR <u>DIVORCE DECREE</u>			
WAS THE DECEASED RECEIVING BENEFITS FROM THIS FUND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DID THE DECEASED EVER APPLY FOR A PENSION FROM THIS FUND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES , please indicate the month and year the deceased made application? _____			
WAS THE DECEASED RECEIVING RETIREMENT BENEFITS FROM ANY OTHER PENSION FUND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES , PLEASE INDICATE THE NAME AND ADDRESS OF THE PENSION PLAN? _____			
WHEN DID THE DECEASED STOP DOING CONSTRUCTION WORK? _____ <small style="text-align: right;">(please indicate month and year)</small>			
DID THE DECEASED EVER SERVE IN THE ARMED FORCES OF THE UNITED STATES? IF YES, PLEASE SUBMIT PROOF EVIDENCING THE DECEASED'S SEPARATION FROM MILITARY SERVICE			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
DID THE DECEASED EVER RECEIVE WEEKLY DISABILITY BENEFITS FROM THE HEALTH AND WELFARE? <u>(IF YES, SEE PAGE 5)</u>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
DID THE DECEASED EVER RECEIVE WORKMEN'S COMPENSATION BENEFITS AS A RESULT OF A JOB INJURY, WHILE DOING LABORERS' WORK? <u>(IF YES, SEE PAGE 5)</u>			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	

DID YOU?

- SIGN AND DATE YOUR APPLICATION(see below)
- GIVE US THE DECEASED MEMBER'S CORRECT BIRTH DATE
- GIVE US YOUR CORRECT BIRTH DATE
- GIVE US THE DECEASED MEMBER'S CORRECT SOCIAL SECURITY NUMBER
- GIVE US YOUR CORRECT SOCIAL SECURITY NUMBER
- ATTACH ALL OF THE FOLLOWING DOCUMENTS, IF APPLICABLE
 1. PROOF OF YOUR AGE(see page 4)
 2. PROOF OF THE DECEASED'S AGE(see page 4)
 3. YOUR MARRIAGE LICENSE
 4. A DIVORCE DECREE AND ANY RELATED ORDER OR QUALIFIED DOMESTIC RELATIONS ORDER PERTAINING TO THIS PLAN, IF YOU ARE DIVORCED
 5. AN ORIGINAL DEATH CERTIFICATE
 6. IF APPLICABLE, THE COMMON-LAW SPOUSE STATUS QUESTIONNAIRE
 7. IF APPLICABLE, WRITTEN PROOF OF THE DECEASED'S SEPARATION FROM THE ARMED FORCES
 8. IF APPLICABLE, PROOF INDICATING THAT THE DECEASED RECEIVED WEEKLY DISABILITY BENEFITS FROM THE HEALTH AND WELFARE FUND(see page 4)
 9. IF APPLICABLE, PROOF INDICATING THAT THE DECEASED RECEIVED WORKMEN'S COMPENSATION BENEFITS AS A RESULT OF A JOB INJURY(see page 4)

I HEREBY APPLY FOR A PENSION FROM THE LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND OF PHILADELPHIA AND VICINITY.

I agree to furnish any information that the Board of Trustees may require for the determination of my eligibility for Pension Benefits at this time and at any other time in order to maintain my eligibility for Pension Benefits.

Signature of Witness

Signature of Applicant

Address of Witness

Date Signed

PROOF OF AGE

Every applicant is required to submit proof of age. For this purpose one or more of the following documents may serve as acceptable proof. Because some of these documents are better proof than others, the list is arranged so that the best type of proof is listed first, the next best is second and so on.

1. A birth certificate
2. A baptismal certificate, or a church record which shows the date of birth and is certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics
4. Hospital birth record, certified by the custodian of such records
5. Birth record of a foreign church or government
6. A signed statement by the physician or midwife who was in attendance at birth, showing the date of birth as it is taken from their records
7. Naturalization records
8. Immigration papers
9. Military record
10. Passport
11. School record, certified by the custodian of such records
12. Vaccination record, certified by the custodian of such record
13. An insurance policy (in force for at least 15 years) which shows age or date of birth
14. Marriage records showing date of birth or age (e.g. application for marriage license or church record) certified by the custodian of such records; or marriage certificate
15. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, etc.

WORKMEN'S COMPENSATION

Every applicant applying for pensions credits as a result of receiving Workmen's Compensation must provide written proof that indicates the following:

1. the contractor you were working for when you sustained the injury
2. the date the you started and stopped receiving Workmen's Compensation Benefits

If you do not have this information, the Fund office has forms that you can mail or take to one of the following sources:

1. The Insurance Company that paid your claim - (this is the best and quickest way to get the information)
2. The Workmen's Compensation Bureau, their phone number is 800-482-2383 or 717-772-3742

Department of Labor and Industry
Bureau of Workers Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pa 17104-2501

3. The contractor you worked for when you sustained the injury

WEEKLY DISABILITY BENEFITS

Every applicant applying for pensions credits as a result of receiving weekly disability benefits from a health and Welfare fund must submit written proof that indicates the following:

1. the name of the Health and Welfare Fund you received weekly disability benefits from
2. the date the you started and stopped receiving benefits

If you do not have this information, the Fund has forms that you can either take to or mail to the Health and Welfare to get the information or you may contact your Health and Welfare Fund directly.

Heavy & Highway Health & Welfare Fund
Phone : 215-765-4633

Building and Construction Health and Welfare Fund
Phone: 215- 236-6700