



**SUFFOLK COUNTY COURT
EMPLOYEES ASSOCIATION, INC.**

1363-24 Veterans Memorial Highway
Hauppauge, New York 11788
Phone (631) 231-3983 • Fax: (631) 231-3986



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WELFARE FUND
1363-24 Veterans Memorial Highway
Hauppauge, New York 11788
(631) 231-3983

**PROOF OF DEATH
(RETIREE SELF-FUNDED \$4,000 BENEFIT)**

Instructions For Submitting Application for Benefit:

Complete and return this form with a copy of the certified death certificate. The physician's statement is NOT required.

Retiree's Name: _____

Retiree's Address: _____

Retiree's Social Security No.: _____

Beneficiary's Name: _____

Beneficiary's Address: _____

Beneficiary's Social Security No.: _____

This benefit is subject to income tax filing requirements. The beneficiary may receive a form 1099 from the Welfare Fund. In the event no 1099 is forwarded, the requirement to declare this benefit rests with the beneficiary or estate of the member.

Signature of Beneficiary: _____