



LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS

ALLIED BUILDING INSPECTORS

225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



Phone: (212) 233-2690

Fax: (212) 962-2523

email: info@iuoe211.com

WELFARE FUND APPLICATION FOR DEATH BENEFITS

Name of Deceased _____ Social Security No. _____

Last Address of Deceased _____

City _____ State _____ Zip _____

Name of Beneficiary _____

Relationship to Deceased _____

Address of Beneficiary _____

Beneficiary Social Security No. _____

Date Signed _____

Beneficiary Signature _____

Note: A copy of the Death Certificate must be attached and submitted with this completed form to Allied Building Inspectors Welfare Fund no later than one (1) year after the death occurred.

If the policy is payable to the estate or executors or the administrators of the Insured, the Statement of Beneficiary must be completed by the executor or administrator, a certificate of whose appointment and qualification must be attached.

If the policy is payable to a minor, the Statement of Beneficiary must be completed by the guardian and an official certificate of the guardian's appointment and qualifications must be attached.