



**LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS**  
**ALLIED BUILDING INSPECTORS**  
225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



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**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.