



Laborers Funds Administrative Office of Northern California, Inc.

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Employee Proof of Death

INFORMATION ABOUT THE DECEASED EMPLOYEE

NAME		SOC. SEC. NO.	
STREET ADDRESS		CITY	STATE ZIP CODE
LOCAL NO.	DATE OF BIRTH	DATE OF DEATH	
MARITAL STATUS AT TIME OF DEATH (CHECK-OFF BOX) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER		DID DEATH RESULT FROM ACCIDENT? (IF YES - COMPLETE DETAILS OF ACCIDENT) <input type="checkbox"/> YES <input type="checkbox"/> NO	

DETAILS OF ACCIDENT

DATE OF ACCIDENT	PLACE OF ACCIDENT
CIRCUMSTANCES OF ACCIDENT	

INFORMATION ABOUT THE BENEFICIARY

NAME		SOC. SEC. NO.	
STREET ADDRESS		CITY	STATE ZIP CODE
DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE		
SIGNATURE	DATE		

IMPORTANT – PLEASE READ BELOW

1. **A certified copy of Death Certificate must accompany this form.**
2. All questions must be answered completely to avoid delay in processing and ensuring prompt action on the claim.
3. Each named beneficiary on the deceased employee's Enrollment Form must complete and sign an Employee Proof of Death form.
4. When a beneficiary is a minor, a certified copy of his/her Birth Certificate must be furnished, and the claimant's statement must be completed and signed by his/her legally appointed guardian in all instances. A copy of guardianship papers must accompany this form.
5. When the death benefit is payable to more than one beneficiary, the statement may be completed by one of the beneficiaries on behalf of himself and the others, but the preferential beneficiary form must clearly show the date of birth of each beneficiary.
6. When death benefit is payable to a court appointed executor or administrator, the claimant's statement must be completed and signed by such executor or administrator. A certified copy of appropriate document showing appointment must be furnished with this form.
7. If death benefit is payable to a beneficiary as a result of the prior death of the designated beneficiary, the death certificate for the deceased designated beneficiary must be submitted.

The furnishing of this form is not an admission of liability by the Laborers Health and Welfare Trust Fund for Northern California nor a waiver of any of its rights or defenses