



APPLICATION FOR RETIREE DEATH BENEFIT

FOR OFFICE USE ONLY

TRI-STATE JOINT FUND
RETIREE DEPARTMENT
609 WEST JOHNSON AVENUE 2nd Floor
CHESHIRE, CT 06410

TELEPHONE: 203-250-2601
800-292-8340

TEAMSTERS LOCAL _____
HEALTH SERVICES AND INSURANCE PLAN

A preliminary review of our records indicates you **MAY** be eligible for the Special Retiree Death Benefit Award from the Health Services and Insurance Plan of your Local. So that we can verify your eligibility, please complete this Application Form **FRONT AND BACK** and return it to the address above. You will be notified by Tri-State Joint Fund concerning your eligibility.

Member's Name _____ SSN or Member ID _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone _____

List the names of all employers and Teamsters Locals for which you have worked and the dates you worked for each employer. (If you need more space to list your employers, attach a separate sheet of paper with names, Teamsters Locals, and dates.)

NAME OF EMPLOYER	TEAMSTERS LOCAL #	DATES OF EMPLOYMENT (FROM) (TO)

Date of Termination of employment with last employer _____

Signature

Date