SEAFARERS DEATH BENEFIT APPLICATION Seafarers Pension Plan 5201 Auth Way Camp Springs, Maryland 20746-4275 (301) 899-0675

Must Apply for Death Benefit Within One Year Following Pensioner's Death

<u>DEATH BENEFIT</u> - Please consult Seafarers Pension Plan Summary Plan Description for a full description of benefit. The exact amount of the applicable death benefit will be based on the eligibility of the pensioner and the relationship of the claimant to the deceased.

Name of Deceased Pensio	oner:		SSN:	.
Date of Death:	_ Marital Statı	us of Pensioner:() Marr	ried () Single () Div	vorced ()Widow(er)
Name of Applicant:			SSN:	
Applicant's Date of Birth	ı*:	Relationship to Dec	ceased**:	
Address (if different from t	the deceased): _			
City:	State:	Zip Code:	Telephone #:	
Funeral Bill Paid: () Y	Yes () No (All death benefits are sul	bject to the funeral exp	ense deduction)
Applicant's Signature: _			Date:	
		Print Name:		
(Signatur	e of Union Repres	sentative)		
Date:	Port:			
* Legal Guardian must apply i	f beneficiary is no	t of legal age		
The following documents	s must be subn	nitted with the comple	ted application:	

- Original Death Certificate (with raised seal or stamp)
- A copy of applicant's Social Security Card or proof of taxpayer ID Number
- Passport size photograph of deceased (optional)
- Itemized Funeral Bill (indicating if bill has been paid or not)

Full death benefits are payable to a designated beneficiary who is a close relative** as defined below. Limited benefits may be payable to estate or non-close relative beneficiary.

****Close Relative defined as:**

Spouse	Mother	Sister
Child	Father	Brother
Grandchild	Stepmother	Stepsister
Grandparent	Stepfather	Stepbrother
Stepchild	Half Sister	Half Brother
Nephew***	Niece***	•

***Includes only the children born to a brother or sister of the deceased pensioner

ELIGIBILITY FOR AND PAYMENT OF BENEFITS ARE SUBJECT TO THE RULES AND REGULATIONS OF THE SEAFARERS PENSION PLAN.