



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

Street Address: 6023 Garfield Avenue, City of Commerce, CA 90040

Mailing Address: P. O. Box 910918, Los Angeles, CA 90091

Phone: (323) 221-5861 or (800) 824-6935; Fax: (323) 726-3520



Date sent: _____

Return by: _____

Complete and mail with requested documents to:
Southern California IBEW-NECA Health Plan
P.O. Box 910918
Los Angeles, CA 90091

SOUTHERN CALIFORNIA IBEW-NECA HEALTH PLAN

APPLICATION FOR DEATH BENEFIT

A determination on eligibility will be made following receipt by the Fund Office of the completed application.

DECEASED INFORMATION:

Deceased Name _____
(Last) (First) (Middle)

Date of Death: _____

Local No. _____

Social Security No. _____

APPLICANT INFORMATION:

Please complete information below:

Your Name _____
(Last) (First) (Middle)

Social Security No. _____

Address _____
(Street) (City) (State) (Zip)

Telephone (____) _____ Date of Birth _____

Your relationship to deceased: Spouse Parent Child Brother/Sister Not Related
 Executor/Administrator of Estate. If you check this box, provide certified copy of appointment documents.

Please submit only the following documents that have been checked "X":

- Death Certificate* Marriage Certificate*
- Your Birth Certificate Power of Attorney Affidavit*

*Please submit **certified** copy of requested document(s). This office will make a copy(ies) for the file and return certified copy(ies) to you.

X _____
Your Signature Printed Name Date Signed

Office Use Only: Eligible in month of death: Yes No If YES: Retiree Active Initials/Date: _____
If Active, eligible by: Work Hours Self-Payment
If Retiree, date retired: _____ Disability Retiree: Yes No
Comments: _____