



FUNERAL BENEFIT APPLICATION

PLEASE SEE TERMS & CONDITIONS ON BACK

DATE OF APPLICATION:

APPLICANT INFORMATION

FIRST NAME: LAST NAME:

EMAIL ADDRESS: TELEPHONE:

DECEASED MEMBER INFORMATION:

FIRST NAME: LAST NAME:

DATE OF DEATH: FORMER DIVISION:
DAY MONTH YEAR

NAME OF FUNERAL HOME:

DATE OF FUNERAL:

FOR OFFICIAL USE ONLY:

MEMBER JOINED: MEMBER REJOINED:

DATE OF DECISION: APPROVED DENIED

AMOUNT:

SIGNATURE:

REMARKS:

TERMS & CONDITIONS

A MEMBER'S LEGAL BENEFICIARY RESPONSIBLE FOR THEIR BURIAL EXPENSES, UPON APPLICATION TO THE UNION, SHALL BE ENTITLED TO CLAIM FINANCIAL ASSISTANCE.

ELIGIBILITY REQUIREMENTS:

- A copy of the death certificate must be presented with the application.

APPLICATION DEADLINE:

- Applications for funeral benefits must be in writing and received by the union **no later than 3 months following the funeral.**

BENEFIT AMOUNTS:

| Financial Membership | Maximum Amount |
|----------------------|----------------|
| 8 weeks - 1 year | \$72 |
| 1 year - 5 years | \$216 |
| 5 years - 10 years | \$432 |
| Over 10 years | \$576 |

BENEFIT APPROVAL:

- **Approval of benefits will be contingent upon the availability of funds.**
- All financial assistance will be paid directly to the funeral home, except when the person responsible for the burial, produces to the union, a receipt covering the burial expenses.

I have read and agree to the terms & conditions above:

APPLICANT NAME:

SIGNATURE:

DATE: