

Western Pennsylvania Firemen's Association

P.O. Box 504, New Kensington, PA 15068-0504

Death Benefit Claim

Date Filed: _____

To the Executive Committee, Death Benefit Fund
of the Western Pennsylvania Firemen's Association

You are hereby notified of the death of:

Name: _____

Address: _____

Date of Death: _____

Fire Department: _____

Hereto is attached an official death certificate. (Copy also acceptable)

Attest:

Printed Name of Beneficiary

Any Fire Department Administrative Officer

Address of Beneficiary

Printed Name of Officer

City, State, Zip

Phone number

Signature of Beneficiary

Do not complete below this line.

| Current Dues Card Number | Date of Birth | Date of Application for Membership |
|--------------------------|---------------|------------------------------------|
| | | |

Death Benefit Claim of _____ is hereby approved and ordered to be paid to the beneficiary named above.

| | |
|-----------|--|
| Date | |
| Claim No. | |
| Check No. | |

Signature of Association President

Signature of Association Secretary

The secretary of each fire company shall notify the association secretary of all the deceased members of his or her department. Death claim forms will be supplied by the association secretary. All such forms are to be completed and an official death certificate attached and returned to the association secretary for payment. If the fire company is the beneficiary, only fire department officials need sign the form.