

**MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND**  
6525 Centurion Drive • Lansing, MI 48917-9275  
Telephone: 517/321-7502  
FAX: 517/321-7508

**APPLICATION FOR MEMBER DEATH BENEFIT**

**WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR MARRIAGE CERTIFICATE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.**

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**TO BE COMPLETED BY BENEFICIARY**

Name of Deceased Employee: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Local Union #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Last Date Worked: \_\_\_\_\_

Name of Last Employer: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate of Beneficiary: \_\_\_\_\_

Social Security Number of Beneficiary: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature of Beneficiary: \_\_\_\_\_

**AFFIDAVIT DECLARING MARITAL STATUS**

(To be completed by an applicant who is not married, divorced or widowed at the present time and has not been previously.)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby attest and verify that I am not married, divorced or widowed at the present time and have not been previously.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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NOTARY PUBLIC \_\_\_\_\_

\_\_\_\_\_ COUNTY

\_\_\_\_\_ STATE

MY COMMISSION EXPIRES \_\_\_\_\_

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