



Reporting a Death to the GMP Members Death Benefit Fund

Phone (610) 565-5051 Ext. 4963 ~ Fax: (610) 565-0983

To report a death please complete the attached forms that pertain and return to our office along with an ORIGINAL death certificate and any additional supporting documentation that is requested.

Attached is:

- "Notice of Death Form"
- "Claimant's Statement" (Completed by the designated beneficiary or by each surviving child or estate representative.)
- "W9" (Completed by each beneficiary or by each surviving child/estate representative, no checks will be issued without a completed W9 form.)
- "Surviving Children Affidavit" (if applicable)

When filing a claim without a designated beneficiary or the named beneficiary is deceased the claim will be paid in the following order.

- Surviving Spouse (must provide marriage certificate)
- Surviving children in equal shares (must provide a photocopy of each child's birth certificate, EVERY child must complete a "Claimant's Statement" and "W9 form" along with a "Surviving Children Affidavit")
- The Estate (must provide Letters of Administration)

Claims will only be paid to one of the above in the order in which they are listed.



GMP Member Death Benefit Fund

608 E. Baltimore Pike
Media, PA 19063
(610) 565-5051 Ext. 4963

~ NOTICE OF DEATH FORM ~

Date: _____

Person Reporting Death: _____

You are hereby advised that Brother/Sister: _____

Social Security No. _____ - _____ - _____ Local Union No. _____

Died on the _____ day of _____, _____

Beneficiary Information:

Name: _____ Relation to Member: _____

Address: _____

Phone No.: _____ or _____

Please send the necessary papers to:

Above Listed Beneficiary Information Listed Below

Name: _____ Relation to Member: _____

Address: _____

Phone No.: _____ or _____