



# GMP MEMBER DEATH BENEFIT FUND

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Please find enclosed my payment in the sum of \_\_\_\_\_, to be applied for (check one):

<input type="checkbox"/>	Self-Payment	<input type="checkbox"/>	Paid Up Policy
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Name

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Address

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Phone #

Local Union #

*All members are responsible for making payments to maintain eligibility. Do not permit your DEATH BENEFITS DUES to become delinquent over 90 days, all early retirees are responsible for payment to age 65.*

**MAKE ALL CHECKS PAYABLE TO USW**