



Central Laborers' Welfare Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/243-8521 • Fax 217/245-1293

Application for Life Insurance/Accidental Death Benefits

Instructions:

Please read this application carefully and answer all of the questions that apply to you. If any part of this application is not clear, contact the Fund's Eligibility Department for assistance toll-free at 800/252-6571, extension 3.

Please include a copy of the death certificate with this application.

Part A – Information Regarding the Deceased

Name _____ Date of birth _____
(last) (first) (middle)

Address _____
(number and street) (city) (state) (zip code)

Social Security Number _____ Date of death _____

Part B – Information Regarding the Beneficiary

Beneficiary's Name _____ SSN _____
(last) (first) (middle)

Beneficiary's Address _____
(number and street) (city) (state) (zip code)

Phone number _____ Beneficiary's date of birth _____

Beneficiary's relationship to the Deceased _____

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Part C – Beneficiary is a Minor*

Complete the information in Part C if the beneficiary is a Minor child.

Guardian's Name _____ SSN _____
(last) (first) (middle)

Guardian's Address _____
(number and street) (city) (state) (zip code)

Phone number _____ Guardian's date of birth _____

Guardian's relationship to the Deceased _____

**If the Beneficiary is a Minor, documentation must be provided to the Fund office (certified copy of the court order) regarding the appointment of a Guardian of the beneficiary's (minor's) estate by the circuit court of the county in which the beneficiary (minor) resides.*

Part D – Form of Payment and Signature of Applicant

I hereby apply for benefits that may be payable from the Central Laborers' Welfare Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of my false statement.

Signature _____ Date _____