

Washington County Firemens' Association, Inc.

Death Benefit Claim Form

To the **Death Benefit Fund** of the Washington County Firemens' Association Inc; you are hereby notified of the death of _____ who passed away on _____.

(Name)

(Date)

He/She was a member of the _____ whom resided at _____

(Name of Organization)

(Street Address)

(City, State, Zip)

Hereto is attached a copy of a Death Certificate

ATTEST:

Beneficiary Name

Relationship

Address

Phone Number

City, State, Zip

Email

Signature of Beneficiary

Date

Administrative Use Only

Date of application for membership _____ Date Approved _____

Beneficiary named on application: _____ Relationship: _____

Current Year Dues Paid: ___ Yes ___ No Dues Year _____

Claim Status: ___ Approved ___ Denied Reason Denied: _____

Date Approved _____ Check Number _____ Claim Number _____

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

President

Secretary