



West Palm Beach PBA Retiree Health Benefit Fund

Application for Death Benefits

Beneficiary Information:

Name: _____ SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Information:

Member Name: _____ Relationship: _____

Member Date of Birth: _____ Member Retirement Date: _____

Member Date of Death: _____

(Attach Certified Copy of Death Certificate)

Was Member your spouse? Yes No Date of Marriage: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

To support this Application, I am attaching a certified copy of the death certificate of the Member. This Application revokes any prior Applications.

(Signature of Beneficiary or Joint Annuitant) (Date)

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me _____ by means of physical presence online notarization and who is personally known to me or has produced _____ as identification, and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, _____.

Notary Public, State of Florida
At Large

My Commission Expires:

My Commission Number Is:

OFFICE USE ONLY

(Received) (Date)