



IBEW Local 683 Health and Welfare Fund

www.ibew683benefits.org
P.O. Box 39387 St. Louis, MO 63139
Toll Free 844/683-0683 Fax: 314/752-2239

TO BE COMPLETED BY THE BENEFICIARY

Beneficiary should complete this application in full and return with the following documentation to the Fund Office, at the address above.

- Completed Member Death Benefit Application
- Certified copy of the death certificate
- Copy of beneficiary's birth certificate and social security card

If additional information is required, the Fund Office will notify you.

MEMBER INFORMATION

Name of the Deceased Member: _____

Social Security Number: _____ Local Union: _____

Date of Birth: _____ Date of Death: _____

Cause of Death: _____

Last Day of Work: _____ Name of Last Employer: _____

BENEFICIARY INFORMATION

Name of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip Code: _____

Birthday of Beneficiary: _____ Social Security Number: _____

Relationship to the Deceased: _____

Date: _____ Signature: _____