Reporting a Death to the GMP Members Death Benefit Fund

Phone (610) 565-5051 Ext. 4963 ~ Fax: (610) 565-0983

To report a death please complete the attached forms that pertain and return to our office along with an ORIGINAL death certificate and any additional supporting documentation that is requested.

Attached is:

- “Notice of Death Form”
- “Claimant’s Statement” (Completed by the designated beneficiary or by each surviving child or estate representative.)
- “W9” (Completed by each beneficiary or by each surviving child/estate representative, no checks will be issued without a completed W9 form.)
- “Surviving Children Affidavit” (if applicable)

When filing a claim without a designated beneficiary or the named beneficiary is deceased the claim will be paid in the following order.

- Surviving Spouse (must provide marriage certificate)
- Surviving children in equal shares (must provide a photocopy of each child’s birth certificate, EVERY child must complete a “Claimant’s Statement” and “W9 form” along with a “Surviving Children Affidavit”)
- The Estate (must provide Letters of Administration)

***Claims will only be paid to one of the above in the order in which they are listed.***
~ NOTICE OF DEATH FORM ~

Date:__________________

Person Reporting Death:____________________________________________________________

You are hereby advised that Brother/Sister:_____________________________________________

Social Security No. ________-________-________   Local Union No.________________

Died on the ________day of _____________________,____________

Beneficiary Information:

Name:____________________________________ Relation to Member:______________________

Address:________________________________________________________________________

________________________________________________________________________________

Phone No.:_________________________ or __________________________

Please send the necessary papers to:

Above Listed Beneficiary □   Information Listed Below □

Name:____________________________________ Relation to Member:______________________

Address:________________________________________________________________________

________________________________________________________________________________

Phone No.:_________________________ or __________________________