

# Railroad Maintenance and Industrial Health and Welfare Fund

2725 West Monroe Street  
Springfield, IL 62704

## Proof of Death

Deceased Employee Information		
<b>Part A.</b>	Name	Home Address
	Date of Birth	Date of Death

Beneficiary Information		
<b>Part B.</b>	Name	Home Address
	Date of Birth	Relationship to Deceased
Social Security Number	Beneficiary Signature	Date Signed
I certify the information provided above is true and correct to the best of my information and belief.		
_____	_____	_____
Beneficiary Signature	Date Signed	

### Instructions for Completing Proof of Death

Fill out all boxes in Parts A and B, and the Beneficiary should sign where indicated in Part B.

Attach a certified copy of the Death Certificate to this form. In addition, if this claim is for an accidental death, furnish a police report or coroner's verdict.

If benefit is payable to a minor, statement must be made by a guardian and an official certificate of the guardian's appointment and qualification must be attached to this form.