

MASSACHUSETTS LABORERS' PENSION FUND

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200
P.O. BOX 4000, BURLINGTON, MASSACHUSETTS 01803-0900
TELEPHONE (781) 272-1000 • FAX (781) 272-2226 • TOLL FREE 1(800)342-3792

APPLICATION FOR SURVIVOR'S BENEFIT

INSTRUCTIONS: Please read this application carefully and PRINT all answers. Mail the completed application to the Fund Office along with a copy of the Death Certificate, the member's proof of age, and if applicable, your marriage certificate and your proof of age.

APPLICANT'S STATEMENT

1. REGARDING THE DECEASED MEMBER

a. Name _____ b. Social Security No. _____
LAST FIRST MIDDLE

c. Date of Death ____/____/____ (Attach Death Certificate)
MONTH DAY YEAR

d. Date of Birth ____/____/____ (Attach proof of age)
MONTH DAY YEAR

e. Local Union Number _____ f. Member Number (from Union Card) _____

g. Date of Initiation into the union _____

h. Did member ever receive Workmen's Compensation for periods of time he was out of work? ____Yes ____No. If "Yes", please attach any records of this, including the name of Contractor, the Insurance Company, and any records from the Industrial Accident Board. Also include dates of injury and length of compensation.

i. Did member ever receive weekly benefits from the Massachusetts Laborers' Health & welfare Fund? ____Yes ____No

j. Date member last worked under covered employment _____

2. REGARDING THE APPLICANT

a. Your name _____ b. _____
LAST FIRST MIDDLE (IF WIDOW, GIVE DATE OF MARRIAGE AND ATTACH COPY OF MARRIAGE CERTIFICATE)

c. Your address _____
NUMBER STREET CITY STATE ZIP CODE

d. Your telephone number (_____) _____

e. Your Social Security Number ____/____/____/____/____/____/____/____/____

f. Your Date of Birth ____/____/____ (If widow, include proof of age)

g. Your relationship to the deceased member _____

h. If not the widow/widower of the deceased, are you the administrator or executor of the estate of the deceased? ____Yes ____No. If "Yes", please send us a legal document to this effect.

I hereby apply for a Survivor's benefit from the Massachusetts Laborers' Pension Fund, and certify that the statements made in this application are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension or discontinuance of benefits and that the Trustees shall have the right to recover any payments made to me in reliance upon such false statement.

SIGNATURE OF APPLICANT

____/____/_____
DATE

NOTE: This official form must be used when applying for a pension from this fund. You will be notified in writing that your application has been received by the Fund Office.

You will be notified in writing of the decision made by the Trustees on your application in approximately four to five months.



INCOME TAX WITHHOLDING • The distributions or withdrawals from this Plan are subject to Federal and State Income Tax withholdings unless you elect otherwise. If you do not notify us that you wish to have taxes withheld, we will withhold Income Tax in accordance with the applicable tax tables.

Please check the appropriate choices below. Please note that even if you elect not to have Income Tax withheld, you are liable for payment of Income Tax on the taxable portion of your monthly pension benefit. You may also be subject to tax penalties under the estimated tax payment rules if your payments or estimated tax and withholding, if any, are not adequate.

___(A) I do not want to have any Federal or State Income Tax withheld from my pension

___(B) I do want Income Taxes withheld from my monthly pension.

(Indicate below the amount of withholding you are selecting)

___(1) Amount in accordance with applicable tax tables.

Number of exemptions: Federal _____ State _____

Marital Status: Married _____ Single _____

Married but withholding at higher single rate _____

(2 and 3 do not apply if you have chosen a lump sum settlement)

___(2) \$ _____ Federal \$ _____ State

___(3) _____ % Federal _____ % State

___(C) I am exempt from Massachusetts income tax withholding because my legal residence (domicile) is elsewhere and the income being paid was not derived from or connected with an occupation, profession, trade or business carried on in Massachusetts.