Application for Surviving Spouse Pension

To qualify for a Surviving Spouse Benefit under the Plan, I understand that the following eligibility requirements must be met in accordance with Section 7.2 of the Plan:

1) My spouse died before retirement and had at least five (5) years of Eligibility Service including at least one-fourth (1/4) year of Future Credited Service (at least 400 hours of contributions made by a Participating Employer) under the Plan, and

2) On his/her date of death, we were legally married, and

3) I must furnish documentary proof of marriage, my age, and a certified copy of my spouse's death certificate.

To the best of my knowledge and belief, the foregoing eligibility requirements have been fulfilled. Accordingly, I hereby submit this application for a Surviving Spouse Benefit under the Plan and to that end, furnish the following information (print all entries):

Last Name:	First Name:	Middle Name:
Social Security Number:	Date of Birth:	Gender: ☐ Male ☐ Female
Mailing Address:		
Phone Number: (include Area Code)	e-mail address:	
My Spouse's Name:	Spouse's Social Security Number:	
Spouse's Birth Date:	Spouse's Date of Death:	
Marriage Date:	Wife's Maiden Name: (if applicable)	
Spouse's Last Employer and Location:		

Attached to this application are the following documents (or other appropriate evidence):

a) My spouse's death certificate (certified copy);
b) My marriage certificate; and
c) Unless previously submitted, documentary evidence verifying the birth date of **both** my spouse and myself.

Signed at _____ on _____ by _____
(Location) (Date) Signature of Surviving Spouse

Witnessed by (signature) _____ Address _____