Cement Masons Trust Funds for Northern California

4160 Dublin Blvd, Suite 100, CA 94568 | Telephone: (707) 864-3300 or (888) 245-5005

Dependent Proof of Death

STATEMENT OF EMPLOYEE

NAME	SOC. SEC. NO.

STREET ADDRESS	CITY	STATE	ZIP CODE

LOCAL NO.	SIGNATURE	DATE

INFORMATION ABOUT DECEASED

NAME

STREET ADDRESS	CITY	STATE	ZIP CODE

RELATIONSHIP TO EMPLOYEE

SPOUSE CHILD

STEP CHILD – state below whether deceased was solely dependent on employee and resided in employee's home. STATE HERE:

DATE OF BIRTH	DATE OF DEATH

I M P O R T A N T – PLEASE READ BELOW

1. **A certified copy of Death Certificate must accompany this form.**
2. If the deceased is the spouse of the employee, a marriage certificate must also accompany this form.
3. If the deceased is the child of the employee, a birth certificate must also accompany this form.
4. The deceased dependent must be listed on the enrollment card in the Fund Office before payment may be made.
5. All questions must be answered completely to avoid delay in processing and ensuring prompt action on the claim.
6. If obtainable, please attach newspaper death notice or obituary.
7. **IF PAYABLE, THE DEATH BENEFIT YOU WILL RECEIVE IS SUBJECT TO FEDERAL AND STATE TAX WITHHOLDING. THE PLAN WILL NOT WITHHOLD ANY TAXES AGAINST THE PAYMENT BUT, IT WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE (IRS) AND CALIFORNIA FRANCHISE TAX BOARD. YOU ALSO MAY WISH TO CONSULT WITH A TAX ADVISOR.**

The furnishing of this form is not an admission of liability by the Cement Masons Health and Welfare Trust Fund for Northern California nor a waiver of any of its rights or defenses

(Rev. 5/2025)