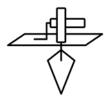
Northern California Cement Masons Funds Administration, Inc.



4160 Dublin Blvd, Suite 400, Dublin, CA 94568 | Telephone: (707) 864-3300 or (888) 245-5005

Employee Proof of Death

INFORMATION ABOUT THE DECEASED EMPLOYEE

NAME			SOC. SEC. NO.
STREET ADDRESS CITY		CITY	STATE ZIP CODE
LOCAL NO.	DATE OF BIRTH	D	DATE OF DEATH
MARITAL STATUS AT TIME OF DEATH (CHECK-OFF BOX) SINGLE MARRIED DIVORCED WIDOW/WIDOWER		(1	DID DEATH RESULT FROM ACCIDENT? IF YES - COMPLETE DETAILS OF ACCIDENT) YES NO
DETAILS OF ACCIDENT			
DATE OF ACCIDENT	PLACE OF ACCIDENT		
CIRCUMSTANCES OF ACCIDENT			
INFORMATION ABOUT THE BENEFICIARY			
NAME			SOC. SEC. NO.
STREET ADDRESS		CITY	STATE ZIP CODE
DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE		
SIGNATURE			DATE

I M P O R T A N T – PLEASE READ BELOW

- 1. A certified copy of Death Certificate must accompany this form.
- 2. All questions must be answered completely to avoid delay in processing and ensuring prompt action on the claim.
- Each named beneficiary on the deceased employee's Enrollment Form must complete and sign an Employee Proof of Death form.
 When a beneficiary is a minor, a certified copy of his/her Birth Certificate must be furnished, and the claimant's statement must be
- completed and signed by his/her legally appointed guardian in all instances. A copy of guardianship papers must accompany this form.
 5. When the death benefit is payable to more than one beneficiary, the statement may be completed by one of the beneficiaries on behalf of himself and the others, but the preferential beneficiary form must clearly show the date of birth of each beneficiary.
- When death benefit is payable to a court appointed executor or administrator, the claimant's statement must be completed and signed by such executor or administrator. A certified copy of appropriate document showing appointment must be furnished with this form.
- If death beneficiary must be submitted.
- 8. 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