

TRIAL COURT OF MASSACHUSETTS

Health and Welfare Fund

Death Benefit Claim Form

Return Form To: NAGE Fund Office
159 Burgin Parkway, First Floor
Quincy, MA 02169-4213

There is a \$2,000.00 death benefit available for each eligible employee, spouse and dependent child. This benefit will be paid directly to the estate of the deceased, provided a death certificate is submitted. A death benefit will only be paid for members or eligible dependents who are eligible for Trust Fund benefits at the time of death.

Please Print: To be completed by eligible member of Trial Court or on behalf of the spouse or family member of a deceased Trial Court member.

Employee's Name _____

Employee's Social Security Number _____

Mailing Address of Estate _____

Name of Deceased _____ Date of Death _____

Claimant _____ Telephone Number _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NAGE FUND OFFICE AT 1-800-641-0700

I hereby certify that the foregoing statements are to the best of my knowledge and belief true, correct and complete.

Signed _____ Date _____
(Signature of Applicant)

If a copy of the Death Certificate is not included with this claim form the claim will not be processed.