## TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY

## APPLICATION FOR SURVIVORSHIP BENEFITS – SURVIVING SPOUSE

Today's Date:			
Section 1. Deceased Member Information	- Attach a certified cop	y of member's Death Certificate	
and birth certificate			
Please read all questions and print your answers			
Member's Name:			
Member's Social Security Number:			
Member's Date of Birth:	Date of Death:		
Member's Address:			
Marchan's Marital Status at time of death	. Single Manied Div		
Member's Marital Status at time of death	: Single Married Div	forced widowed Separated (circle one)	
Please Note: If the member was <b>Divorced</b> or <b>V</b> di	<b>Vidowed</b> at time of death, the vorce decree, death certificate		
Section 2. Surviving Spouse Information Please read all questions and print your answers			
Spouse's Maiden Name:			
First	Middle Initial	Last	
***If spouse's maiden name is different than ind substantiate each name change. ***	dicated on the Marriage Cer	tificate, please attach appropriate documents to	
Spouse's Date of Birth:		Attach copy of birth certificate	
Spouse's Social Security Number:		Attach copy of social security card	
Date of Marriage:		Attach copy of marriage certificate	
Spouse's Current Address:			
Snouse's Telephone Number (homa)		(call)	

## Section 3. Member's Employment History Please complete to the best of your knowledge

Name and Address of Employer	Type of Work Performed	Periods of Employment From To
Section 4. Military Service		
Did the member ever serve in the U.S.	Military?	
Dates of Service: To:	From:	
Attach a copy of discharge or separation pape	rs if time served was while he/s	she was in Covered Employment.
Spouse's signature:		
Date signed:		