



## DEATH BENEFIT CLAIM

**International Union of  
Bricklayers & Allied Craftworkers**

### CLAIMANT'S STATEMENT

**NOTE: Certificate of Death and Member's Dues Payment History must accompany this form.**

1. Name of Deceased Member		2. Local Union Number    State/Prov.	3. Date of Death Month    Day    Year				4. Was the Death Accidental?  YES _____ NO _____
5. Social Security/Social Insurance No.							
6. Name of Beneficiary*(ies)	7. Address of Beneficiary(ies)					8. Relationship to member	
*Where more than one beneficiary has been named, see instruction on reverse side.							
9. Are you the beneficiary(ies) named by the member? Yes _____ No _____	<b>NOTE:</b> If answer is <b>NO</b> an affidavit on Form DBF 2 is required and a copy of deceased beneficiary's death certificate must also be provided. See instructions, sections 4, 5.						
10. Signature(s) of Claimant(s)						11. Date	

### LOCAL UNION STATEMENT

12. Local Union Number    State/Prov.	13. Name of Deceased Member	14. Member No.	16. Last Mo./Year Paid Dues	17. Date Paid Mo.    Day    Year		
		15. Branch of Trade:				
18. Enclosed with this Form: <input type="checkbox"/> Certificate of Death; <input type="checkbox"/> Dues Payment History; <input type="checkbox"/> DB Form 2 (Affidavit of Contingent Beneficiary—required only if beneficiary predeceased member); <input type="checkbox"/> Certificate of Death of Named Beneficiary (required if named beneficiary predeceased member). <input type="checkbox"/> Certified copy of court appointment of Administrator of Estate (required only if benefit is to be paid to Estate); <input type="checkbox"/> Certified copy of Last Will & Testament naming Executor and notarized statement from Executor that Will is not to be presented for probate (required only if beneficiary is Estate and Will is not probated).						
19. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             Affix Local Union Seal           </div> <div style="text-align: center;">             Signed _____ Date _____           </div> <div style="text-align: right;">             Financial Secretary <input type="checkbox"/>              Business Manager <input type="checkbox"/>              President <input type="checkbox"/> </div> </div>						

### FOR IU OFFICE USE ONLY

Date Received	DOD MD YOM	Age	Accidental	Amount Payable	Claim No.
Date to Accounting	Date Paid	Check No.	Prepared By Approved By Denied By	Data Entry	

FORM DBF 1 1986

White—Return to IU Headquarters.

Yellow—This Copy for Local Union Files.

Pink—Return to IU Headquarters.

## INSTRUCTIONS

1. Upon the death of a member, this form should be completed by the beneficiary(ies) and submitted to the Financial Secretary or Business Manager of the Local Union of which the deceased was a member, along with a certified copy of the official DEATH CERTIFICATE and member's IU DUES CARD. The Local Union must submit a copy of the member's DUES PAYMENT HISTORY.
2. If there is more than one qualified beneficiary, the benefit will be divided equally between such qualified beneficiaries. Each beneficiary must sign and provide the requisite information in boxes 6-11.
3. Claim for payment of the death benefit must be made within TWELVE (12) MONTHS OF MEMBER'S DATE OF DEATH.
4. If a named beneficiary has predeceased the member, a certified copy of the DEATH CERTIFICATE OF THE DECEASED BENEFICIARY MUST BE ATTACHED.
5. Where no named beneficiary survives the member, Article XVIII, Section F of the IU Constitution provides that the benefit becomes payable successively to certain related individuals. If the benefit is to be paid under this provision, the claimant(s) must complete and file *individual* CONTINGENT BENEFICIARY AFFIDAVIT(S) IU FORM DBF-2.
6. When the beneficiary of record is the ESTATE of the deceased member, one of the following is required: (a) A CERTIFIED COPY OF THE APPOINTMENT BY THE COURT OF THE ADMINISTRATOR OF THE ESTATE; or (b) A CERTIFIED COPY OF THE LAST WILL & TESTAMENT NAMING THE EXECUTOR, AND A NOTARIZED STATEMENT FROM THE EXECUTOR THAT THE WILL IS NOT TO BE PROBATED.

## CLAIM REVIEW PROCEDURES

1. Article XVIII, Section D of the IU Constitution provides for payment of IU death benefits if the deceased member was in good standing at the time of death. Determination of good standing is made by the IU Secretary-Treasurer in accordance with Article VII, Section J of the IU Constitution and is based on the member's status at the time of death. No payment of dues on behalf of the deceased member shall be deemed to restore to good standing a member who was not in good standing at the time of death.
2. If any claim for benefits by a participant or beneficiary is denied, the claimant will be notified in writing by certified mail of the specific reasons for the denial.
3. If any claim for benefits by a participant or beneficiary is denied, the claimant is entitled to a full and fair review of the decision by the IU Executive Board. A claimant wishing to obtain review of a decision denying benefits must file a request for review in writing, addressed to the IU Executive Board, 815 Fifteenth Street, N.W. Washington, D.C. 20005, within ninety (90) days after the claimant receives notice of the denial of benefits.

IF YOU HAVE ANY QUESTIONS REGARDING THE ELIGIBILITY FOR IU DEATH BENEFITS, PLEASE CONTACT THE IU BENEFITS SECTION AT BRICKLAYERS & ALLIED CRAFTWORKERS, 815 FIFTEENTH STREET, N.W. WASHINGTON, D.C. AREA CODE (202) 783-3788.