

## Claim Form for Survivor Benefits

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Wespath Benefits and Investments (Wespath) understands that you are seeking a claim to a death benefit that may be payable upon the death of the participant listed below. Completion of this form does not guarantee that any benefits will be payable.

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### Part 1 – Deceased Information

Participant name \_\_\_\_\_ Participant Social Security # (last 5 digits) \_\_\_\_\_  
 Address \_\_\_\_\_ Participant birth date \_\_\_\_\_  
 \_\_\_\_\_ Date of death \_\_\_\_\_  
 Employer(s)/Conference \_\_\_\_\_

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### Part 2 – Claimant Information

Your name \_\_\_\_\_ Social Security # (last 5 digits) \_\_\_\_\_  
 Address \_\_\_\_\_ Primary phone # (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Your relationship to deceased:

Spouse       Child       Other (please explain): \_\_\_\_\_

You are claiming benefits as:

Beneficiary       Executor       Trustee       Other (please explain): \_\_\_\_\_

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### Part 3 – Claimant Signature

I know it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against a trustee of an employee benefit trust fund by submitting an application or filing a claim containing a false or deceptive statement(s).

Under penalties of perjury, I certify that my Social Security Number is correct. I understand that the furnishing of this form is not to be considered as an admission of the validity of the claim, nor a waiver of any of Wespath's rights or defenses.

Wespath reserves the right to require further information if necessary.

Claimant signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of notary \_\_\_\_\_ Seal \_\_\_\_\_

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to [survivorteam@wespath.org](mailto:survivorteam@wespath.org) or
- Fax to **1-847-866-4677** or
- Mail to Wespath Benefits and Investments  
Survivor Benefits  
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at [benefitsaccess.org](http://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.