



**SHEET METAL WORKERS
LOCAL NO. 110 HEALTH FUND**
Administered by Southern Benefit Administrators, Incorporated



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Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

SPOUSAL DEATH BENEFIT CLAIM FORM
For Retirees Only

Important: Please complete this form accurately and completely. The form must be signed and dated. The Plan will provide a benefit of \$1000 upon the death of a retiree's spouse. The benefit is payable only upon the death of the individual to whom the retiree is married at the date of retirement.

Retiree's Name _____ Social Security Number _____

Address _____

Deceased Spouse's Name _____ Date of Death _____

Retiree's Signature _____ Date _____

***Please include the Original or a Certified Copy of the Death Certificate when submitting this form.**