



CORAL GABLES FIREFIGHTERS' PENSION TRUST FUND

APPLICATION FOR DEATH BENEFITS

PLEASE PRINT OR TYPE:

1. Application for Beneficiary Death Benefits:

- a. Name: _____
(Last) (First) (Middle)
- b. Relationship to Participant: _____
- c. Your Social Security Number: _____
- d. Your Date of Birth: _____
- e. Your Home Address: _____
(Address) (Street)

(City) (State) (Zip)
- f. Your Telephone Number: (_____) _____
(Area Code) (Telephone Number)

2. Deceased Participant Information:

- a. Name of Participant: _____
- b. Participant Social Security Number: _____
- c. Participant Date of Birth: _____
(Month - Day - Year)
- d. Participant Date of Death: _____
(Month - Day - Year)

** Please provide a certified copy of the death certificate of the Participant*

3. Were you married or in a domestic relationship with the employee at the time of death? ____ Yes ____ No

If yes, please complete the following:

- a. Date of Marriage or domestic partnership agreement: _____
(Month - Day - Year)

** Please provide a certified copy of the marriage or domestic partnership agreement.*

I hereby certify that the above statements are true and correct to the best of my knowledge.
I understand that a false statement may disqualify me for benefits.

To support this application, I am attaching a certified copy of the death certificate of the participant.

This application revokes any prior applications I have filed.

Applicant's Signature

Date

Sworn and subscribed to me this _____ day of _____, _____.

NOTARY PUBLIC

State of:

County of:

My Commission expires:

Please Return to:
Coral Gables Firefighters' Pension Trust Fund.
4360 Northlake Blvd
Suite 206
Palm Beach Gardens, FL 33410
(561) 624-3277