

WEST PALM BEACH FIREFIGHTERS' PENSION FUND

APPLICATION FOR DEATH BENEFITS

PLEASE PRINT OR TYPE:

1. Application for Death Benefits:
 - a. Name: _____
(Last) (First) (Middle)
 - b. Relationship to Employee: _____
 - c. Your Social Security Number: _____
 - d. Your Home Address: _____
(Address) (Street)

(City) (State) (Zip)
 - e. Your Telephone Number: (_____) _____
(Area Code) (Telephone Number)
 - f. Are you married now? Yes _____ No _____
 - g. Name of Spouse: _____
(Last) (First) (Middle)
 - h. If you are the parent(s) of the Employee, please indicate whether you were at least 50% dependent on the Employee for financial support?
Yes _____ No _____
2.
 - a. Name of Employee: _____
 - b. Social Security Number: _____
 - c. Date of Birth: _____
(Month - Day - Year)
 - d. Date of Death: _____
(Month - Day - Year)
3. Date employee was hired by City of West Palm Beach: _____
(Month - Day - Year)
4.
 - a. Was the employee married at the time of death? _____ Yes _____ No

If yes, please complete the following:
 - b. Is the spouse alive today? _____ Yes _____ No
 - c. Name of spouse: _____
(Last) (First) (Middle)
 - d. Spouse's Social Security Number: _____

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- e. Spouse's Date of Birth: _____
(Month - Day - Year)
- f. Date of Marriage: _____
(Month - Day - Year)
5. Was the Employee ever divorced? _____ Yes _____ No
6. Names and Dates of birth of Living Child(ren) of Employee:
- | Name | Date of Birth |
|-------|-------------------------------|
| _____ | _____
(Month - Day - Year) |
| _____ | _____
(Month - Day - Year) |
| _____ | _____
(Month - Day - Year) |
7. Names of Living Parents of Employee:
- a. Mother: _____
- b. Father: _____

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 Employee.

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:
Pension Resource Center
4360 Northlake Blvd. Suite 206
Palm Beach Gardens, FL 33410

Revised 9-30-19