

DC _____ - _____ Membership Verified _____ Yes _____ No _____ Listed Beneficiary _____

The Firemen's Association of the State of Pennsylvania

Death Benefit Claim

To the Financial Secretary, FASP,

You are hereby notified of the death of _____, who was a member of (Fire Company or Relief Assoc.) _____ and whose address was _____, and who died on the _____ day of _____, in the year _____.

Attached is a certified copy of the Certificate of Death, as issued by the State in which the member died. (This claim cannot be processed without the Certificate).

Name, Address and Signature of person filing this claim: (please type or print clearly)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____

Beneficiary: _____

-----DO NOT WRITE BELOW THIS LINE-----

This claim has been reviewed and is:

_____ Approved and Ordered Paid

_____ Denied, Deceased was not an insured member at time of death

_____ Pending; the following is needed for approval _____

Attest:

Financial Secretary

President

Treasurer

Death Assignment No.: _____ Order No. _____ Check No.: _____ Date: _____