



# Central Laborers' Death Notification Form

## Decedent's Information (\*Required)

Death Date:\* \_\_\_\_\_

First Name:\* \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Last 4 SSN: XXX-XX- \_\_\_\_\_

Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

- Status:  Retired Member  Disabled Member  
 Active / Inactive Member  Spouse or Beneficiary

## Your Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Relation to Deceased:  Spouse  Child / Stepchild  
 Parent  Sibling  
 Local Union No. \_\_\_\_\_  Other \_\_\_\_\_



Call us with this information at 800-252-6571



Fax this form to 217-245-1293



Mail this form to:  
Central Laborers Pension Fund  
PO Box 1267  
Jacksonville, IL 62651-1267



Email us at [pension@central-laborers.com](mailto:pension@central-laborers.com)