

RESILIENT FLOOR COVERING PENSION TRUST FUND

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**APPLICATION FOR POST-RETIREMENT
DEATH BENEFITS**

PARTICIPANT'S DATA

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____
(Include certified copy of Death Certificate)

PERSONAL DATA

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (Attach copy of birth certificate)

TELEPHONE NUMBER: _____

DATE OF BENEFIT: MONTH & YEAR: _____

***I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE
STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT A FALSE
STATEMENT MAY DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES
SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE
OF A FALSE STATEMENT***

(SIGNATURE)

(DATE)