



Carpenters Southwest Administrative Corporation

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www.carpenterssw.org

Deceased Member Notification

Union Local Number

Member Number

UBC Number

Member's Name

Social Security Number

DATE DECEASED: _____

NOTIFIED BY:

Name

Relationship

Phone Number

Address

State

Zip Code

COMPLETED BY: _____ **DATE:** _____

NOTES:

Member was covered for Health & Welfare benefits? Yes No

Member was retired and receiving a pension? Yes No