



***Employee Fund Benefit Request Form***

\_\_\_\_\_  
**Contributing Employee      Signature of Employee      PID Number      Date**

**Benefit Requested (check one):**    ☐ **Hospitalization**    ☐ **Memorial**    ☐ **Retirement**

Hospitalization: Contributing Employee, Spouse, Child/Stepchild, Parent/Stepparent

Memorial: Contributing Employee, Spouse, Child/Stepchild, Parent/Stepparent, Sibling, Grandparent, Grandchild

**NOTE: Supporting documentation must be submitted with request form (bill, hospital statement, obituary, leave form, HR statement or other supporting documents)**

**For Hospitalization Benefit, please complete and attach supporting documentation:**

\_\_\_\_\_  
Name of Person Hospitalized      Relationship to Contributing Employee

\_\_\_\_\_  
Date(s) of Hospitalization      Hospital

**For Memorial Benefit, please complete and attach supporting documentation:**

\_\_\_\_\_  
Name of Deceased      Relationship to Contributing Employee

\_\_\_\_\_  
Date of memorial service      Funeral Home

**For Retirement Benefit, please complete below and attach supporting documentation:**

\_\_\_\_\_  
Retirement Date      # of years of Fund Participation      Last Day Worked

**Attach Fund Participation Statement (from HR or Accounting)**

Date Request received: \_\_\_\_\_ Received by: \_\_\_\_\_

Verified as a member and attached supporting documentation:    ☐ YES    ☐ NO

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ Total: \_\_\_\_\_

COS/Designee approval: \_\_\_\_\_ Date \_\_\_\_\_