



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 _____