

## Death Benefit Claim Form

Return Form To: **NAGE Fund Office**  
**159 Burgin Parkway, First Floor**  
**Quincy, MA 02169-4213**

*There is a \$3,000.00 death benefit available for each eligible employee, spouse and dependent child. This benefit will be paid directly to the estate of the deceased, provided a death certificate is submitted. A death benefit will only be paid for members or eligible dependents who are eligible for Trust Fund benefits at the time of death.*

**Please Print:** To be completed by eligible member of NAGE or on behalf of the spouse or family member of a deceased NAGE member.

Employee's Name \_\_\_\_\_

Employee's Social Security Number \_\_\_\_\_

Mailing Address of Estate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Deceased \_\_\_\_\_ Date of Death \_\_\_\_\_

Claimant \_\_\_\_\_ Telephone Number \_\_\_\_\_

***IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NAGE FUND OFFICE AT 1-800-641-0700***

I hereby certify that the foregoing statements are to the best of my knowledge and belief true, correct and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant)

***If a copy of the Death Certificate is not included with this claim form the claim will not be processed.***

617.773.8947  
intra-state 800.641.0700  
fax 617.773.8637