

PB&PA DEATH BENEFIT CLAIM FORM

* Indicates required information

MEMBER INFORMATION

Member's Full Name*:

BP&PA Unit Number:

Municipality or Department Name:

Association Membership Status: Active Member Lifetime Member On Military Leave Other _____

BENEFIT ELIGIBILITY

Please check the box next to any of the following items that pertain to this member. (Any checked boxes indicate ineligibility.)

Cause of Death is Suicide

Date of Death is over one year ago

Member is *not* in good standing

No designated Beneficiary on file nor an established Estate to receive the member's benefit

BENEFICIARY INFORMATION

If additional co-beneficiaries are designated on file at the state office, please complete the Co-Beneficiary Information section below.

(Beneficiary 1 of __) Beneficiary's Full Name*:

Address*:

Phone*:

Date of Birth*:

Relationship to Member:

SSN*:

E-mail:

Beneficiary's Status*: Alive Deceased

If deceased and no other beneficiaries are assigned, please complete Executor Information below.

CO-BENEFICIARY INFORMATION

For use *only* if multiple beneficiaries were designated by the member

(Beneficiary __ of __) Beneficiary's Full Name*:

Address*:

Phone*:

Date of Birth*:

Relationship to Member:

SSN*:

E-mail:

Beneficiary's Status*: Alive Deceased

If deceased and no other beneficiaries are assigned, please complete Executor Information below.

If additional co-beneficiaries are designated on file at the state office, please attach additional pages as needed.

EXECUTOR INFORMATION

For use *only* if all designated beneficiaries have predeceased the member

Name of the Executor of the Member's Estate*:

Address*:

Phone*:

Death benefit funds issued to an Executor will be made payable only to "The Estate of" the deceased member.

DOCUMENTATION ENCLOSED

Please use the check boxes below to indicate what documentation is enclosed

Please Note: **Photocopies of death certificates (DC) will *not* be accepted.** A certified copy of the death record as issued by the City Clerk, County Clerk or State Registrar must be submitted for each required death certificate to complete your claim.

Member's DC* Beneficiary's DC (required for all deceased beneficiaries) Document Appointing the Executor of Estate (if no surviving beneficiaries)

Would you like the death certificate(s) returned to you once our office has finished processing your claim? Yes No

MEMBER'S BENEFIT AMOUNT

Benefits are paid in January and July

Age 70 or over = **\$500** Benefit

Under age 70 who died of natural causes = **\$1,000** Benefit

Under age 70 killed in an accident = **\$2,000** benefit

Killed in the line of duty = **\$3,000** benefit

TO FILE A CLAIM

Please mail this completed form and death certificate(s) to "Death Benefit Claims" at the PB&PA of Illinois office located at:
840 South Spring Street, Suite A, Springfield, IL 62704

To verify who is designated as the beneficiary or if you have any questions about how to file a claim, please contact us at:
office@pbpa.org or (217) 523-5141