

DC _____ - _____ Membership verified ___ yes ___ no listed beneficiary _____

Firemen's Association of the State of Pennsylvania

Death Benefit Claim

To: Financial Secretary, FASP Date _____

108 Josephine Avenue, W. Conshohocken, PA 19428

You are hereby notified of the death of: _____
who was a member of (fire company or relief association) _____
and whose address was _____
and who died on the _____ day of _____, _____

Attached is a certified copy of the certificate of death, as issued by the State in which the member died. (This claim cannot be processed without the certificate)

Name, address and signature of person filing this claim (Please type or print clearly)

Name _____ Relationship to deceased _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____

-----Do not write below this line-----Do not write below this line-----

This claim has been reviewed and is:

Approved and ordered paid _____

Denied, deceased was not a member at the time of death _____

Pending: the following is needed for approval _____

Attest: Financial Secretary _____

President _____ Treasurer _____

Death assignment no. _____ Order no. _____ Check no. _____ Check date _____