

Duluth Building Trades Health Fund

Affidavit of Survivorship

Name of Insured _____ Date of Birth _____

Social Security Number _____ Date of Death _____

I am / We are the nearest sole surviving relative(s) of the above named insured, who was eligible for benefits through the Duluth Building Trades Health Fund. At the time of death the decedent, _____, was survived by no spouse, no child or children, no parent or parents, and no siblings other than the person(s) named in this affidavit.

Name	Relationship	SSN	DOB
Address		Phone #	
Name	Relationship	SSN	DOB
Address		Phone #	
Name	Relationship	SSN	DOB
Address		Phone #	
Name	Relationship	SSN	DOB
Address		Phone #	

Signature

Date

Sworn to before me this _____ day of _____, 20_____.

Notary Public

Duluth Building Trades Health Fund

2002 London Road – Suite 300
Duluth, MN 55812-2152

Wilson-McShane Corporation
Fund Administrators

Telephone: (218) 728-4231
Fax: (218) 728-4773
Toll Free: (800) 570-1012

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF SURVIVORSHIP

This affidavit is to be completed when there is no beneficiary designated or living at the death of the insured. It is to be completed by all of the members of the first class (in descending order) in which there is at least one surviving member.

CLASSES OF SUCCESSIVE PREFERENCE BENEFICIARIES

- 1) Surviving Spouse
- 2) Surviving Children Equally
- 3) Surviving Parents Equally
- 4) Surviving Brothers and Sisters Equally
- 5) Estate

Any class other than those whose members are completing the Affidavit, in which there are surviving members, should be stricken from the final paragraph of the Affidavit.