

SECURITY BENEFIT FUND
APPLICATION FOR
REIMBURSEMENT OF TERM LIFE INSURANCE PREMIUM

- All information on this application must be completed.
You are required to attach a copy of the life insurance premium notice showing all appropriate information including face value amount of policy and premium period.
This benefit is subject to all Federal, State, City and FICA taxes and will be reported on Form W-2 at year end.
If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-2104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your withholding elections for all taxable disbursements from the Security Benefit Fund.

Book Number _____

Name _____

Home Telephone _____ Mobile _____ E-mail _____

Claim is for: Self []
Dependent [] Name of Dependent: _____ (Legal Dependent Only)

I certify that I have paid to the insurance company contained on the attached premium notice all indicated amounts. I understand that this benefit reimbursement is subject to the approval of the Trustees of the Steamfitters' Industry Security Benefit Fund.
SIGNATURE _____ DATE _____

FOR FUND OFFICE USE ONLY

TERM LIFE INSURANCE PREMIUM: Dates From: _____ To: _____

PREMIUM FOR ABOVE PERIOD: \$ _____