

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 phone

_____ 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: \$ _____