



**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 amount of policy and premium period.
- Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary *Change of Address* form.

Book Number _____

Name _____

Home Telephone _____

Mobile _____

E-mail _____

Single or Married or Married, but withhold at higher single rate

Number of allowances you are claiming _____

New York City Resident: Yes No

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. This benefit is subject to all withholding taxes and FICA and will be reported on Form W-2 at year end.

SIGNATURE _____ DATE _____

FOR FUND OFFICE USE ONLY

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

PREMIUM FOR ABOVE PERIOD: \$ _____