

**BOSTON TEACHERS UNION
HEALTH AND WELFARE FUND**

Application for Funeral Expense Benefit

I hereby apply for reimbursement from the Boston Teachers Union Health and Welfare Fund of up to \$4,500 for funeral expenses I incurred in connection with the death of:

_____ on _____
(Name of Covered Teacher) (Date of Death)

***(ATTACH COPY OF DEATH CERTIFICATE)**

Name of applicant: _____

Address of applicant: _____

Social Security Number of Applicant: _____

Relationship to deceased Covered Teacher: _____

Amount of funeral expense \$ _____

***(ATTACH COPIES OF PAID RECEIPTED BILLS)**

Date: _____ Signature of applicant: _____

******* FUND OFFICE USE ONLY *******

Amount paid: \$ _____ Date: _____

Check No.: _____ Approved by: _____
Fund Administrator