



BAY AREA PAINTERS AND TAPERS

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400

Dublin, CA 94568-7756

Toll Free: (866) 894-3705 * Fax: (925) 833-7301

Email: Paintersinfo@hsba.com

Website: www.bayareapainterstrust.org



APPLICATION FOR DEATH BENEFITS

INSTRUCTIONS: Type or print all information. Be sure to sign and date the application

I. Participant Personal Information:

A) _____

Last Name of Deceased	First	MI	Social Security Number
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Date of Death	Date of Birth
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II. Beneficiary Personal Information

B) _____

Last Name of Beneficiary	First	MI	Social Security Number	Date of Birth
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Address _____

City, State and Zip Code	Telephone Number
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II. THE FOLLOWING INFORMATION MUST ACCOMPANY YOUR APPLICATION (OR BE PROVIDED UPON RECEIPT):

- A) Certified Copy of Death Certificate (No photocopy)
- B) Copy of Proof of Age (see acceptable proof list enclosed)
- C) Copy of Marriage Certificate (if applicable)

I certify under penalty of perjury that I am the beneficiary of the above named individual and hereby apply for any **Pre-Retirement Death Benefits** which may be payable from the Bay Area Painters and Tapers Pension Fund. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of false statement.

Signature: _____ **Date:** _____



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INSTRUCTIONS FOR SUBMISSION OF PROOF OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2)** of the items listed in **Group II**.

IMPORTANT: Naturalization records, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you.

Additional items proving your age **may be requested if** the documents you submit do not constitute convincing proof of your age.

GROUP I (submit ONE copy)

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization papers (*photocopy **not** permitted; submit original*)
9. Immigration papers (*photocopy **not** permitted; submit original*)
10. Letter from Social Security Administration certifying to your age as it appears on their records.

GROUP II (submit TWO copies)

1. Military record.
2. Passport (U.S. passports may **not** be photocopies; submit original)
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.