

# Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust

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1. Name of Deceased \_\_\_\_\_  
Last First Middle

2. Soc. Sec. No. of Deceased \_\_\_\_\_

3. Date of Death \_\_\_\_\_

4. Marital Status of Deceased: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Unknown \_\_\_\_\_

5. Your Name \_\_\_\_\_

6. Your Address \_\_\_\_\_  
No. and Street

City State Zip Code

7. Your Telephone No. \_\_\_\_\_ 8. Your Soc. Sec. No. \_\_\_\_\_

9. Your Date of Birth \_\_\_\_\_ 10. Your Relationship to Deceased \_\_\_\_\_

In addition to this Application, you must submit the following documents:

- ☐ A certified Death Certificate.
- ☐ If you were married to the deceased on the date of death, your marriage certificate.
- ☐ If you were married to the deceased and later divorced, complete copies of the Judgment of Dissolution of Marriage, marital settlement agreement and any Qualified Domestic Relations Orders.
- ☐ If you are the child of the deceased, your birth certificate.

(Over)

DECLARATION AND CLAIM FOR BENEFITS

I declare under penalty of perjury that I qualify to receive death benefits payable under the Plan, because I am a member of the following category of beneficiaries of the deceased

(Circle one):

1. surviving spouse
2. designated beneficiary
3. former spouse
4. child
5. parent
6. sister or brother
7. other (explain): \_\_\_\_\_

I further declare that I know of no other person in the category of persons I have circled above, or in a category above the category I have circled, except for the persons I have listed below.

Name	Address	Category
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify, under penalty of law, that all of the above statements on this Application and all of the statements on the attached pages and documents are true, correct and complete, to the best of my knowledge. I understand that a false statement may disqualify me for benefits and that the Trustees have the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date