

WESTCHESTER HEAVY CONSTRUCTION LABORERS PENSION FUND

LOCAL No. 60
140 BROADWAY
HAWTHORNE, NY 10532
914-769-2440

APPLICATION FOR WIDOW'S OR J&S BENEFIT

WIDOW'S NAME: _____ YOUR DATE OF BIRTH: ____ / ____ / ____.

ADDRESS: _____ CITY: _____ STATE: _____.

TELEPHONE NUMBER: _____.

I AM THE LAWFUL WIDOW OF: _____.

BOOK NUMBER: _____, DATE OF DEATH OF PENSIONER: _____.

AND HAVE BEEN MARRIED FOR _____ YEARS.

WIDOW'S SOCIAL SECURITY NUMBER: _____.

DATED SIGNATURE OF WIDOW: _____.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC : _____.

***PLEASE SUBMIT COPY OF DEATH CERTIFICATE, SOCIAL SECURITY & PHOTO IDENTIFICATION**