

# SEAFARERS DEATH BENEFIT APPLICATION

## Seafarers Health and Benefits Plan

5201 Auth Way

Camp Springs, Maryland 20746-4275

(301) 899-0675

Use This Application Form If The Deceased Was Not A Pensioner. Must Apply for Death Benefit Within One Year Following Participant's Death.

Please consult Seafarers Health & Benefits Plan Summary Plan Description for a full explanation of benefits. A description of the death benefit amounts that may be payable is provided on the back of this Application form.

Name of Deceased Participant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Death: \_\_\_\_\_ Marital Status of Deceased: ( ) Married ( ) Single ( ) Divorced ( ) Widow(er)

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Date of Birth\*: \_\_\_\_\_ Relationship to Deceased\*\*: \_\_\_\_\_

Address (if different from the deceased): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Funeral Bill Paid: ( ) Yes ( ) No (All death benefits are subject to the funeral expense deduction)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Signature of Union Representative)

Date: \_\_\_\_\_ Port: \_\_\_\_\_

\* Legal Guardian must apply if beneficiary is not of legal age

The following documents must be submitted with the completed application:

- Original Death Certificate (with raised seal or stamp)
- A copy of applicant's Social Security Card or proof of taxpayer ID Number
- Passport size photograph of deceased (optional)
- Itemized Funeral Bill (indicating if bill has been paid or not)

Full death benefits are payable to a designated beneficiary who is a close relative\*\* as defined below. Limited benefits may be payable to estate or non-close relative beneficiary.

\*\*Close Relative defined as:

Spouse	Mother	Sister
Child	Father	Brother
Grandchild	Stepmother	Stepsister
Grandparent	Stepfather	Stepbrother
Stepchild	Half Sister	Half Brother
Nephew***	Niece***	`

\*\*\*Includes only the children born to a brother or sister of the deceased participant

**ELIGIBILITY FOR AND PAYMENT OF DEATH BENEFITS ARE SUBJECT TO THE RULES AND REGULATIONS OF THE SEAFARERS HEALTH AND BENEFITS PLAN.**

## ***DESCRIPTION OF DEATH BENEFITS***

### ***All Death Benefits Are Subject To The Funeral Expense Deduction***

Upon death, a Standard Death Benefit of \$5,000 is payable on behalf of an eligible participant who was receiving benefits at the Basic, Core, or Core-Plus benefit level under the Seafarers Health and Benefits Plan (SHBP). If the deceased participant did not meet the requirements of the Standard Death Benefit, but died within 12 months after the last day of covered employment, a \$500 death benefit is payable.

In addition to the Standard Death Benefit, the beneficiary of an active participant may be eligible for the extra Graduated Death Benefit. The amount of the Graduated Death Benefit payable is based upon the benefit level that the participant was eligible for prior to death and the number of years (*excluding the year of death*) that the deceased participant worked in SHBP covered employment in accordance with the following schedules:

<u><i>Basic and Core Benefit Level</i></u>	<u><i>Death Benefit Amount</i></u>
125 days of covered employment in each of the 3 consecutive years prior to death	- \$ 5,000
125 days of covered employment in each of the 4 consecutive years prior to death	- \$ 7,500
125 days of covered employment in each of the 5 consecutive years prior to death	- \$10,000
125 days of covered employment in each of the 6 consecutive years prior to death	- \$12,500
125 days of covered employment in each of the 7 consecutive years prior to death	- \$15,000

Maximum Death Benefit Payable - \$20,000 (*Standard plus Graduated Death Benefit*)

<u><i>Core Plus Benefit Level</i></u>	<u><i>Death Benefit Amount</i></u>
125 days of covered employment in each of the 3 consecutive years prior to death	- \$10,000
125 days of covered employment in each of the 4 consecutive years prior to death	- \$15,000
125 days of covered employment in each of the 5 consecutive years prior to death	- \$20,000
125 days of covered employment in each of the 6 consecutive years prior to death	- \$25,000
125 days of covered employment in each of the 7 consecutive years prior to death	- \$30,000
125 days of covered employment in each of the 8 consecutive years prior to death	- \$35,000
125 days of covered employment in each of the 9 consecutive years prior to death	- \$40,000
125 days of covered employment in each of the 10 consecutive years prior to death	- \$45,000

Maximum Death Benefit Payable - \$50,000 (*Standard plus Graduated Death Benefit*)

*A Completed Beneficiary Designation Form Must Be On File In The Plan Office Prior to Participant's Death.*

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