

Indiana County Fire Chief's Association
Death Benefit Claim Form

Please Print Clearly

Date Filed _____

To the Association Treasurer,

You are hereby notified of the death of _____

who was a member in good standing of the _____

(Fire Company or Relief Association). Member's date of death is _____.

Attached is a copy of the Deceased Member Obituary or a copy of a Certificate of Death. (This Claim cannot be processed without ONE of these two form).

Attest:

Printed Name of Beneficiary	Fire Dept administrative officer's signature
Address of Beneficiary	Printed Name & Title of Officer
City, State, Zip	Officer's Phone Number

Do not write below this line

This Death Benefit Claim Form has been received with required documentation, deceased's name has been verified on current Fire Department roster and benefit has been paid.

Signature of Association Treasurer

Check # _____ Date: _____

Submit Completed form with required documentation to

Chris Welker
Indiana Co Fire Chief's Association
475 Sherman St
Clymer PA 15728
Or Fax 724-349-0755