Death Benefit Claim Form Pension Plan

Use this **death benefit claim form template** to efficiently process claims related to pension plans. The template ensures all necessary information is captured for timely settlement. It is designed to simplify and expedite the beneficiary's claim experience.

1. Deceased Member Details

Full Name	First Middle Last
Member ID / Pension Number	
Date of Birth	
Date of Death	
Address	Street, City, State, ZIP

2. Beneficiary Details

Full Name	
Relationship to Deceased	
Contact Number	
Email Address	
Mailing Address	

3. Claim Details

Type of Benefit Claimed	☐ Lump Sum ☐ Periodic Payments ☐ Other:
Supporting Documents Provided	☐ Original Death Certificate ☐ Proof of Identity - Deceased ☐ Proof of Identity - Beneficiary ☐ Relationship Proof ☐ Others:

4. Declaration & Signature

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that any false statement may lead to denial of this claim.

Beneficiary Signature:

Date:

5. For Office Use Only

Received By:	
Date Received:	
Reference Number:	
Comments:	

Please ensure all required documents are attached to avoid processing delays. For questions, contact the Pension Plan Administrator.