



METRO - I.L.A.
FRINGE BENEFIT FUND

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301 ROUTE 17N • 7TH FLOOR • RUTHERFORD, N.J. • 07070

Bereavement

Name: _____

SSN: _____

Address: _____

Employer: _____

Hourly Wage Rate: _____

Dates Absent: _____ To: _____

Employer Verification of Absence:

Employee's Signature

Signature and Title

Relation to Deceased: _____

Certified Copy of Death Certificate Received:

Delegate's Signature

Approvals

Trustee

Trustee

Trustee

Trustee

Date of Approval: _____