



Death Notification Form

Decedent's Information (*Required)

Death Date:* _____

First Name:* _____

Last Name:* _____

SSN: _____

Birth Date: _____

City: _____ State: _____

Status: Retired Member

Disabled Member

Active / Inactive Member

Spouse or Beneficiary

Your Information

First Name: _____

Last Name: _____

Phone: _____ Email: _____

Relation to Deceased: Spouse

Child / Stepchild

Parent

Sibling

Local Union No. _____

Other _____



Call us with this information at
800-323-5000



Fax this form to: 847-518-9752



Mail this form to: Central States
Pension Fund, PO Box 5109,
Des Plaines IL 60017-5109



Send us a secure message with
Message Center at
MyCentralStatesPension.org



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PENSION FUND