



L. Ed Dowell
Secretary-Treasurer

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Death Benefit Claim Form

Name of Member	Member's Address	Date of Birth
Social Security Number	Railroad	Employee Number (If Known)
Status on the date of death, please check the reason:		
<input type="checkbox"/> Disabled/Sick	<input type="checkbox"/> Resigned	
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Retired	
<input type="checkbox"/> Furlough	<input type="checkbox"/> Suspended	
<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Working in the craft	
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Working as a manager	
	<input type="checkbox"/> Vacation	

Date last worked: ___/___/___

Date of Death: ___/___/___

Cause of Death: _____

Beneficiary's Name: _____ Beneficiary's Date of Birth: ___/___/___

Beneficiary's Social Security Number: _____

Beneficiary's Address: _____

Signature of Beneficiary: _____

Please mail the completed form along with a copy of the certificate of death to:

Ed Dowell, Secretary-Treasurer, ATDA
4239 West 150th Street
Cleveland, OH 44135

