



Bill Sikes
Secretary-Treasurer

4239 West 150th Street
Cleveland, Ohio 44135
Phone: 216.251.7984
Fax: 216.251.8190
sikes@atda.org

Death Benefit Claim Form

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

Bill Sikes, Secretary-Treasurer, ATDA
4239 West 150th Street
Cleveland, OH 44135

COMMITTED TO REPRESENTING ALL RAILROAD WORKERS

