

**USW RETIREES OF THE DANA  
CORPORATION HEALTH CARE TRUST**  
FUND ADMINISTRATION OFFICE

Five Gateway Ctr, Suite 620  
60 Blvd. Of the Allies  
Pittsburgh, PA 15222  
Toll Free: 1-866-201-1344  
FAX: (412) 224-4465

**USW Retirees of the Dana Corporation Benefit Trust**  
**Application for Death Benefit**

I hereby apply for any Death Benefit payable to me under the terms of the benefit plan adopted by the Committee Members of the USW Retirees of the Dana Corporation Benefit Trust.

I certify that the information provided by me in this Application for Death Benefits is correct to the best of my knowledge. I understand that any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any intentionally false information may be subject to criminal and civil penalties.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

<p><b>Name of Deceased:</b> _____</p> <p><b>Social Security Number:</b> _____</p> <p><b>Relationship To Deceased:</b> _____</p> <p><b>Date of Death:</b> _____</p>
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**NOTE:** Claims for the Death Benefits must be filed within 12 months from the date of death. In order to claim the Death Benefit you must include the following documents with your application and mail to the address above.

- 1). Death Certificate (Original Stamped Copy)
- 2). Proof of your Identity (Copy of one of the following documents)
  - Valid Drivers License
  - US Passport
  - Some form of Picture Identification