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New York State Court Clerks Association Security Benefits Fund 170 Duane Street, New York. NY 10013

170 Duane Street, New York. NY 10013 Office: (212) 941-5700 Fax: (212) 941-5705 www.nyscourtclerks.org



Death Benefit Claim FormACTIVE

Member's Last Name	Member's First Name		Member's SSN (last 4 digits)
Member's Mailing Address		Member's Date of Birth MM / DD / YY	Member's Date Death MM / DD / YY
City		State	Zip
Beneficiary's Last Name	Beneficiary's First Name		Beneficiary's Social Security No.
Beneficiary's Mailing Address	1	Apt. No.	Beneficiary's Date of Birth MM / DD / YY
City		State	Zip
Relationship to member	E-mail Address	I	Telephone No.
	Beneficiary's Signature:		Date:
		TOTAL AN	MOUNT:
Please Complete and sign the form in	the presence of a notary publ	for Death Benefit.	
This benefit provides reimbursement of the Please Complete and sign the form in return all documents to the Fund Office Notary's Signature:	the presence of a notary publ	for Death Benefit.	

Mail completed forms to:

New York State Court Clerks Association

170 Duane Street New York, NY 10013 Office (212) 941-5700 – FAX (212) 941-5705

The State of New York requires this statement to appear on all claims forms:

"Any person who knowingly and with the intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation." Fraudulent insurance acts are a crime in all states, and additionally a felony in several states.