

**BOSTON TEACHERS UNION  
HEALTH AND WELFARE FUND  
180 Mt. Vernon Street  
Boston, MA 02125  
(617) 288-0500**

Eugene M. McGlynn  
Fund Administrator

I am writing to inform you of the Health and Welfare Fund Funeral Expense Benefit described below. Since you are listed as the beneficiary of a Covered Teacher who has recently passed away, you may be eligible to make application for the benefit.

In the event that funeral expenses are incurred as a result of the death of a person who is a Covered Teacher at the time of his/her death, the Fund will pay a funeral expense benefit equal to the amount of such expense, but not exceeding two thousand dollars (\$2,000.00).

The Fund will make payment of this funeral expense benefit to the estate of the Covered Teacher or to a person equitably entitled thereto, in the opinion of the Trustees, upon satisfactory proof of payment of such expense.

I have enclosed an application for your use. If you wish to apply for the benefit, please complete the application and return it with a copy of the death certificate and receipt of bills. Please feel free to call if you have any questions.

Sincerely,

Eugene M. McGlynn  
Fund Administrator

**BOSTON TEACHERS UNION  
HEALTH AND WELFARE FUND**

**Application for Funeral Expense Benefit**

I hereby apply for reimbursement from the Boston Teachers Union Health and Welfare Fund of up to \$2,000 for funeral expenses I incurred in connection with the death of

\_\_\_\_\_ on \_\_\_\_\_  
(Name of Covered Teacher) (Date of Death)

**(ATTACH COPY OF DEATH CERTIFICATE)**

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

\_\_\_\_\_

Social Security Number of Applicant: \_\_\_\_\_

Relationship to deceased Covered Teacher: \_\_\_\_\_

Amount of funeral expense \$ \_\_\_\_\_

**(ATTACH COPIES OF PAID RECEIPTED BILLS)**

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

**FUND OFFICE USE ONLY**

Amount paid: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

Approved by: \_\_\_\_\_

Fund Administrator