

NASSAU POLICE CONFERENCE, INC.

10 Lancelot Ct.
St. James, NY 11780

REQUEST FOR DEATH BENEFIT

DATE: _____

I, _____ President of the _____ P.B.A.
request that the Nassau Police Conference Death Benefit be paid in
accordance with Article 11 section 4 of the Constitution and By-
Laws of this Association.

NAME: _____ DOB: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

DEPARTMENT: _____ DATE OF DEATH _____

DATE ENT DEPT: _____ DATE ENT N.P.C. _____

BENEFICIARY: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ BUSINESS #: _____

I certify that the above listed member was a member in good standing with the
_____ P.B.A. in accordance with the Constitution & By-Laws of the
Nassau Police Conference.

PRESIDENT

NPC USE ONLY

MEMBERSHIP CARD ON FILE: _____ DUES PAID: _____

DEATH CERTIFICATE ATTACHED: _____ DATE RECEIVED: _____

CHECKED BY: _____ DATE BENEFIT ISSUED: _____