

New England HBPA Life Insurance – Burial Expense

Please Print

Date: / /

1. Name of Trainer: _____

a. Social Security # _____

b. Date of Birth ____/____/____

Phone # you can be reached at _____

Email you can be reached at _____

2. Address: _____

3. How many years raced in Massachusetts? _____

4. Please add comments for burial expenses (financial hardship non coverage):

I accept the 1-time payment and will not hold the NEHBPA Liable and/or request any additional funding in the form of Life Insurance payment

Print Name of beneficiary(s):

Sign Name(s):

Send To: NEHBPA PO BOX 550247 North Waltham MA 02455