



NAPA Care Emergency Benevolent Fund

Benefit Request Form



Company Representative:		Company:	
Company Representative Title:		Date Submitted:	
Contact Phone Number(s):			
Work:	Cell:	Other:	
Preferred Number: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other:			

Deceased's Information

Employee Name:	Title:
Location of Incident:	Date of Incident:

Was the employee involved in direct asphalt operations? Yes No

Deceased's current salary \$ _____

Deceased's previous year's salary \$ _____

Signature of Company Representative _____

Date _____

Please Describe Incident:

If additional space needed, please provide on separate blank sheet.

Beneficiary Designation

Beneficiary:		
Relationship to Victim:		
Address 1:		
Address 2:		
City:	State:	Zip Code:
Email completed form to dluca@asphaltpavement.org or mrichardson@asphaltpavement.org		
Note: Please submit death certificate within 7-14 days to NAPAREF.		