



# 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

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:
<b>***Email completed form to <a href="mailto:ducas@asphaltpavement.org">ducas@asphaltpavement.org</a>  or <a href="mailto:mrichardson@asphaltpavement.org">mrichardson@asphaltpavement.org</a>***</b>		