



ITWA Sonny Henline Survivor Fund Request

*****DEATH MUST HAVE OCCURRED WHILE THE DECEASED WAS ON THE JOB*****

Date of Submission: _____

Name of the Deceased: _____

Date of Death: _____

Name of Deceased's Legal Spouse (if applicable): _____

Name(s) and Age(s) of Deceased's Children (if applicable):

Name of Company the Deceased Worked For: _____

Company Contact: _____

Company Address:

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Name of Submitter: _____

Relationship to Deceased: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date and location Incident: _____ Time: _____ am pm

City: _____ State: _____

Road Type: Interstate State Hwy County Rd State Rd City Street

Other _____

Description of incident and any other facts (if any) you believe ITWA should be aware of:

Documents attached:

Death Certificate

Police Report

Copy of Marriage Certificate

Copy of Birth Certificate(s) for Dependent Child(ren)

Newspaper Article(s)

Other _____

***All available pertinent documents should be attached to the submission. It is not required to submit all items. The Survivor Fund Committee may require such additional documents as it deems relevant to the application.**

Name For Funds Distribution: _____

Relationship to Deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I certify that the above information is true and correct to the best of my knowledge at the time of submission. I understand that review by ITWA is confidential, and that its decision is final. I also understand that any award is discretionary, and that meeting the eligibility criteria does not guarantee an award. Should an award be made to me, I agree in advance to allow ITWA to list and publish the donation to me and my family.

Signature of Submitter

Date

Signature of Financial Assistance Recipient

Date

Privacy Information: Submitting information is strictly voluntary. By doing so, you are giving the ITWA your permission to use the information for the intended purpose. If you do not want to give the ITWA permission to use your information, simply do not provide it. However, not providing certain information may result in the ITWA 's inability to provide you with the services you desire.



PROCESSING FORM

ITWA SONNY HENLINE SURVIVOR FUND REQUEST FOR MONETARY ASSISTANCE

FOR OFFICE USE ONLY

Date Received: _____

Name of the Deceased: _____

Date of Death: _____ **City:** _____ **State:** _____

Date Sent to Survivor Fund Committee: _____

Date Received back from Survivor Fund Committee: _____

Number of Votes Received: Approved _____ Denied _____ Review: _____

Date of conference call to Review (if required) : _____

Survivor Fund Committee Review Vote: Approved _____ Denied _____

Signature of ITWA President

Date



NEXT OF KIN AFFIDAVIT

Name: _____
(Last Name, First Name)

Address: _____
(Street)

City: _____ State: _____ Zip: _____

Relationship to Deceased: _____

I, _____, declare that:
(First Name, Last Name)

I am the next of kin of _____,

Who died on or about the ____ day of _____, 20____.

As the next of kin, I am entitled to receive the offered monetary assistance from the ITWA Sonny Henline Survivor Fund. I affirm under the penalties of perjury that the statements made in this Affidavit are true and correct.

Signature of Affiant

Date