

LONG ISLAND TEACHERS BENEVOLENT FUND

100 So. Main Street
Suite 205
Sayville, New York 11782

2024-25 BURIAL AWARD APPLICATION

ELIGIBILITY: Payable to the individual who incurs the funeral expenses of any dues paying member of a participating local who dies while in active service.

APPLICATION PROCESS: Local President of the deceased member makes an application for the grant by completing this form and submitting it, along with a death certificate, to the Fund Coordinator.

AMOUNT OF AWARD: \$600.00

Name of deceased: _____

NYSUT member #: _____

Was the deceased an active employee of the District/Employer at the time of death: _____

Name of individual paying funeral expenses which check will be made payable to:

Address: _____ City/State: _____ Zip: _____

Relation to the deceased: _____

Name of Local and #: _____

Signature of Local President: _____

Date: _____

NOTE: The Local President's signature and a copy of the Death Certificate must accompany this application for award to be considered (SS# does not need to be on the death certificate).

Mail To: Long Island Teachers Benevolent Fund
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