



INJURY /DEATH BENEFIT REQUEST

Today's Date: _____

Applicant Name: _____ Date of Birth: _____

Relationship to Injured/Deceased: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Mobile/Business Phone: _____ Email: _____

Name of Injured/Deceased: _____ Date of Birth: _____

Injured/Deceased Employer: _____ Social Security Number: _____

Date of Injury/Death: _____ Years of Service: _____ Amount Requested: _____

Dependents:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Make Benefit Check Payable To: _____

Events of Injury/Death: _____

(please submit appropriate documentation to support your claim in the form of Incident Report, Death Certificate, Medical Bills, etc.....)

Did the Injury/Death Occur in the Line of Duty? ____ YES ____ NO

Applicant Signature: _____ Date: _____

FAX TO: 615-754-8595

OR MAIL TO:

100 CLUB OF WILSON COUNTY

P.O. BOX 2017

MT. JULIET, TN 37121

To be completed by Authorized 100 Club of Wilson County Personnel

Verified: _____ Date: _____ Approved: _____ Check # _____ Amount: _____

Approved by: _____ Date: _____