



# FALLEN MEMBER Request Form

This form must be completed by the afflicted member's District Chair or a SEANC member.



The SEANC Connections Fund was established to provide assistance for members who have experienced loss of life while on duty or from injuries incurred while on duty. In order to qualify for funds, **the fallen member must have been a SEANC member in good standing for a minimum of the previous six months from the time of the tragedy.**

A SEANC District Chairperson or a SEANC member should complete this form in its ENTIRETY and mail it to: **SEANC Connections Fund, ATTN: Beth Dew, 1621 Midtown Place, Raleigh, NC 27609** or scan and email the form to: [bdew@seanc.org](mailto:bdew@seanc.org). If you need assistance completing this form, please contact Beth Dew at [bdew@seanc.org](mailto:bdew@seanc.org) or 800-222-2758.

**Fallen Member's Full Legal Name (print):** \_\_\_\_\_

**SEANC District Number:** \_\_\_\_\_ **SEANC Member ID Number:** \_\_\_\_\_

**Full Name of Fallen Member's Legal Representative:** \_\_\_\_\_

**Telephone Number of Legal Representative including Area Code: ( )** \_\_\_\_\_

**Address of Legal Representative:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Fallen Member's Agency and Worksite:** \_\_\_\_\_

**Fallen Member's Supervisor's Name and Title:** \_\_\_\_\_

**Supervisor's Phone Number including Area Code: ( )** \_\_\_\_\_

**Date Fallen Member Died (month, day and year):** \_\_\_\_\_

**How did the Fallen Member die?** \_\_\_\_\_

**District Chairperson's or SEANC Member's Name:** \_\_\_\_\_

**Cell and/or Home Number:** Cell No. ( ) \_\_\_\_\_ Home No. ( ) \_\_\_\_\_

**Work Number** (include extension if applicable): ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date Form Sent to SEANC Connections Committee Staff Liaison (Beth Dew):** \_\_\_\_\_

**Date Request Form Received by SEANC Connections Committee Staff Liaison (Beth Dew):** \_\_\_\_\_

**Date Request Form Reviewed by Connections Committee:** \_\_\_\_\_

**Connection Committee Chairperson's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEANC Treasurer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved by Connections Committee:** ☐ \$500