

Instructions to claimant

1) **Complete** Parts 1 through 3, below. Be sure to attach a copy of the deceased member's death certificate and documentation regarding your legal or personal relationship to the member.

2) **Send** your completed form to our main office (address above), ATTN: Retiree Services.

Please allow us 60 days from the date that you submit your completed form to us for processing. Also, be advised that we may request additional information from you, if necessary. If you have any questions, please contact a Retiree Services representative in our main office.

M T R S U S E O N L Y
RetSvcs

1) Claimant information

Name (full name required) . First Middle Last Suffix, if any

Address Phone

City State Zip

Social Security number . XXX-XX-XXXX Gender M F

Your relationship to deceased member (check all that apply, and attach documentation of relationship and indicate type, e.g., member's will)

- Executor/executrix per attached
- Power of attorney per attached
- Spouse per attached
- Parent per attached
- Sibling per attached
- Child per attached
- Former spouse per attached
- Other per attached

Additional information? If you wish to provide any other statement, documentation or information that you think is relevant to your claim and that you think will be helpful to us in determining your eligibility, please include it with this completed application and check this box to indicate that additional documentation is attached.

2) Deceased member information

Name (full name required) . First Middle Last Suffix, if any

Last known address . . .

City State Zip

Social Security number . XXX-XX-XXXX Gender M F

Last school district employed by

Date of birth mm/dd/yyyy

Date of death mm/dd/yyyy Copy of death certificate attached (required)

3) Claimant signature and statement

I, the claimant named above in Part 1, hereby state, under the penalties of perjury, that the information I have provided in this form is true and complete to the best of my knowledge.

Signature Date