

Report of death of Option C beneficiary

INSTRUCTIONS	 Please submit your completed form to the MTRS in one of three ways: 1) FAX to 617-679-6842 (be sure to also fax a photocopy of death certificate); or 2) MAIL to MTRS Benefit Adjustments & Finalizations, 500 Rutherford Ave., Suite 210, Charlestown, MA 02129 (be sure to mail a photocopy of death certificate); or, 3) EMAIL to RetServUnit@trb.state.ma.us (see instructions below). Within seven days after we receive your form, we will contact you to let you know what the next steps are in the processing of the "pop up" of your monthly benefit to the Option A benefit amount that you would have received on the date of your retirement, plus any cost-of-living adjustments.
	NOTE: Do NOT use this form if you are Reporting the death of any MTRS benefit recipient who did not receive benefits under Option C: Please refer to the "Report a Death" section of our website and complete the "Report of death of MTRS member or benefit recipient" form.
DECEASED INDIVIDUAL	Name (First, MI, Last)
	Date of death
	Relationship to benefit recipient
	Last 4 digits of SSN
YOUR INFO	Name (First, MI, Last)
	Street address
	City State ZIP
	Phone
	Last 4 digits of SSN MTRS member number (if known)
INTAKE INFO	Optional: Please note any additional information that you think would be helpful to us:
MTRS INTAKE	
Ву	-
On	If submitting form via FAX or MAIL, ATTACH photocopy of individual's death certificate
 CLICK the green butter and attach this complete SEND your email to us receive an automated 	IPLETED FORM VIA EMAIL: on; this will automatically open your email application eted form to a message addressed to the MTRS. s. When your email has been successfully sent, you will reply confirming that we have received your submission. mail a photocopy of the death certificate to the MTRS.