

**APPLICATION FOR DEATH BENEFIT**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TO: LOCAL RETIREMENT BOARD

I hereby submit my application for a death benefit under the terms of the Corrections Officer Retirement Plan.

NAME OF DECEASED MEMBER: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP TO DECEASED: ☐ Designated Beneficiary ☐ Personal Representative of Decedent's Estate

MAILING ADDRESS: \_\_\_\_\_  
(Street) (Apt. No.) (City) (State) (Zip)

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

<b>Enclose:</b>	Copy of Death Certificate Copy of Applicant's Driver's License Certified Copy of Personal Representative letter (if applicable) Federal and State Withholding Forms Copy of Applicant's Social Security Card Form U3 Benefits Lump Sum Distribution (if applicable) Special Tax Notice Copy to Applicant (if applicable)
-----------------	--

The information contained in this application is true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Witness Signature Signature of Designated Beneficiary or Personal Representative

**Final contribution amount to CORP** \_\_\_\_\_ **for Pay Period Ending:** \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Received by Employer

\_\_\_\_\_  
Signature of Employer

Total amount of benefit \$ \_\_\_\_\_

The Local Retirement Board has met on \_\_\_\_\_ and determined that the applicant above is eligible for the benefit payments as shown above: (date)

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Signature of Board Chairman