



# Death Benefits Claim

This completed claim form and a copy of the death certificate are required before benefits are paid.

In the event this death was due to an accident, please complete the **Accident Information** on page 2 of this form.

Information about the deceased	
Name (first, middle, last)	Last 4 digits of SSN
Date of death (mm/dd/yyyy)	
Cause of death	

Claimant information		
Name (first, middle, last)	SSN	
Relationship to deceased	Birth date (mm/dd/yyyy)	
Address		
City	State	ZIP
Email (required)	Daytime phone	
Executor or trustee's name (if payable to estate or trustee)		
Estate Tax ID# (if payable to estate or trustee)		
List names, contact information, and relationship to the deceased of all other potential claimants in your classification. (for example: other siblings, children of deceased)		
For additional claimants, attach a separate sheet of paper.		

Dependent claimants only (non-spouse claiming a survivor's pension only)
Did the deceased member claim you as a dependent on his or her previous year's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply a copy of the first page of the previous year's tax return. (Eligibility for benefits will be determined upon receipt.)

Authorization	
I hereby affirm that I have carefully read all of the above statements; have completed this form fully and truthfully; am submitting this information with a copy of the death certificate (if not previously submitted); understand that all benefits payments are subject to the terms of the Benefits Plan; and consent to receive communications via standard email to the email address provided. All statements I made on this claim form are true. I have not knowingly left out anything related to this claim.	
Claimant's signature	Date (mm/dd/yyyy)
Print name	
Legal relationship to claimant if other than claimant (if Power of Attorney, submit document.)	

**Complete and email this form to the Board of Pensions at [memberservices@pensions.org](mailto:memberservices@pensions.org).**  
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).



## Accident information

Complete this section ONLY IF death was the result of an accident.

Date of accident (*mm/dd/yyyy*)

Time of accident

Location of accident

How did the accident happen?

Date of death (*mm/dd/yyyy*)

What was the deceased doing at the time of the accident?

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