

CITY OF WARREN EMPLOYEES' RETIREMENT SYSTEM
APPLICATION FOR SURVIVOR BENEFITS

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IMPORTANT NOTICE

UNDER THE RETIREMENT ORDINANCE AND RULES OF THE SYSTEM, NO PERSON IS AUTHORIZED TO ADVISE YOU OF YOUR RIGHTS AND OBLIGATIONS EXCEPT THE BOARD OF TRUSTEES. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS OR OBLIGATIONS AS A MEMBER OR BENEFICIARY, YOU MUST SUBMIT YOUR REQUEST IN WRITING TO THE BOARD OF TRUSTEES FOR AN ANSWER.

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NOTE: Any person eligible for Survivor Benefits shall attach authenticated copies of his or her birth certificate, and marriage certificate, and death certificate of the deceased active or retired employee as requested by the Board of Trustees and complete the following information:

Name of Deceased: _____

Department/Division: _____

Birthdate: _____

Date of Death: _____

Social Security No: _____

SURVIVING SPOUSE INFORMATION:

Name: _____

Birthdate: _____

Social Security No: _____

Address: _____ (Street) _____ (Apt. No.)

_____ (City) _____ (State) _____ (Zip)

Telephone No: _____ (Area Code)

NOTE: THE EFFECTIVE RETIREMENT DATE OF THE DECEASED ACTIVE EMPLOYEE SHALL BE THE DATE PRECEDING THE DATE OF HIS DEATH.

(Signature of Applicant) _____ (Date)

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DO NOT WRITE IN THIS SPACE

ACTIVE EMPLOYEE:

TYPE OF RETIREMENT: DUTY-DEATH _____ NON-DUTY DEATH _____

SELECTED OPTION: STRAIGHT-LIFE _____ A _____ B _____

SERVICE CREDIT: YEARS _____ MONTHS _____

BUY-BACK: MILITARY _____ CETA _____ FORMER SERVICE _____

YEARS _____ MONTHS _____

PAID IN FULL _____ BALANCE OWED _____

TOTAL SERVICE CREDIT: YEARS _____ MONTHS _____

SURVIVOR BIRTHDATE VERIFICATION: _____

RETIRED EMPLOYEE:

OPTION SELECTED: STRAIGHT-LIFE _____ A _____ B _____

AMOUNT OF PENSION DECEASED RETIREE WAS RECEIVING: _____

AMOUNT OF PENSION SURVIVING SPOUSE TO RECEIVE: _____