



LOUISIANA SCHOOL EMPLOYEES'
 RETIREMENT SYSTEM

Application for Survivor Benefit

Section 1 - Deceased Member Information

Member's Last Name	First Name	MI	Suffix	Member's Social Security Number
Member's Date of Birth Enter as MM/DD/YYYY / /		Member's Date of Death Enter as MM/DD/YYYY / /		<input type="checkbox"/> Check here if more than one form is submitted
Did death occur while performing qualified military service?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 - Survivor Information

Survivor's Last Name	First Name	MI	Suffix	Survivor's Social Security Number
Address (Street/P. O. Box)		Survivor's Date of Birth Enter as MM/DD/YYYY / /		
City, State, and Zip Code		Primary Telephone Number		

I hereby make application for survivor benefits as a (check all that apply):

- Surviving spouse (attach copy of marriage license)
- Surviving spouse with a minor or other eligible children (complete Section 3)
- Guardian or Parent of minor child (attach copy of birth certificate or other legal document and complete Section 3)
- Surviving unmarried, full-time student between the ages of 18 and 23 (attach Form 13B)
- Surviving child with a total, permanent disability (attach Form 12C) Check here if receiving assistance from another agency.

Section 3 - Eligible Child(ren) Information (attach additional form if more than 3)

1. Name: Last, First, MI, Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P. O. Box)	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, and Zip Code	Date of Birth Enter as MM/DD/YYYY / /
2. Name: Last, First, MI, Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P. O. Box)	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, and Zip Code	Date of Birth Enter as MM/DD/YYYY / /
3. Name: Last, First, MI, Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P. O. Box)	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, and Zip Code	Date of Birth Enter as MM/DD/YYYY / /

Section 4- Survivor Signature

I certify the information provided is true and accurate. I understand I cannot begin receiving benefits until all pertinent documents, including a copy of the deceased member's death certificate and a direct deposit form are received.

Signature of Survivor (Do not print or type)	Date Signed (MM/DD/YYYY)
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