



Teachers' Retirement System of Louisiana

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Reviewed by Processing

Application for Survivor Benefits

Print in ink or type all entries except signatures.

Section 1 — Deceased member information

Name: Last, first, MI, suffix (Jr., III, etc.)

Form section for Social Security number, Date of birth, and Date of death.

Present full-time employer

Present part-time employer

Section 2 — Survivor information

In accordance with the provisions of the retirement law (LSA-R.S. 11:762) pertaining to survivor benefits, I hereby make application for survivor benefits as a:

- Surviving spouse (attach copy of marriage license)\*
Surviving spouse with a minor or other eligible children\*
Surviving spouse of a deceased member who was receiving TRSL disability benefits, with or without minor children
Natural parent, adopted parent or court-appointed tutor/tutrix of the deceased member's minor child (attach a certified copy of the court document)
Surviving unmarried child between the ages of 18 and 21
Surviving unmarried child between the ages of 21 and 23 who is a full-time student
Surviving unmarried child who became permanently disabled before age 21

\*A surviving spouse eligible for monthly benefits must remain unmarried to age 55 (Regular Plan and Plan A) unless the member was eligible for a normal service retirement.

Form section for Applicant's name, Street / P.O. Box, City, state, zip, Daytime telephone, Evening telephone, and Social Security number, Date of birth.

Section 3 — Minor or other eligible children

Survivors of Regular Plan and Plan A members must complete the following information for eligible children. Attach Statement of Dependent's Marital Status (Form 13M) for each child between the ages of 18 and 21. Attach Statement of School Attendance (Form 13B) and Student Attendance Certification (Form 13C) for each unmarried full-time student between the ages of 21 and 23. Attach physician's detailed diagnosis of the child's disabling condition if the benefit is to be paid because of a disabled child. Attach a copy of each child's birth certificate.

Form section for child information including name, date of birth, social security number, and disability status for two children.

Section 4 — Applicant's signature

I hereby certify that the information provided on this application is accurate and complete to the best of my knowledge. I understand that I cannot begin receiving survivor benefits until all pertinent documents requested by TRSL, including a copy of the deceased member's death certificate, is received.

Applicant's signature (do not print or type)

Date signed (mm-dd-yyyy)