

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	Reviewed by Processing
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## Section 1 — Deceased member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)
Last employer	

## Section 2 — Survivor information

In accordance with provisions of Louisiana retirement law pertaining to survivor benefits (LSA-R.S. 11:762), 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 acquired a permanent disability before age 21

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

Applicant name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street address / PO box	City, state, zip
Daytime telephone (include area code)	Email address
	Date of birth (mm/dd/yyyy)

## Section 3 — Minor or other eligible children

Survivors of Regular Plan 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 23. Attach *Student Attendance Certification* (Form 13C) for each unmarried full-time student between the ages of 21 and 23. **Attach a copy of each child's birth certificate.**

1) Child's name: Last, first, MI, suffix (Jr., III, etc.)	Date of birth (mm/dd/yyyy)	Does child have a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security number (###-##-####)
2) Child's name: Last, first, MI, suffix (Jr., III, etc.)	Date of birth (mm/dd/yyyy)	Does child have a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security number (###-##-####)
3) Child's name: Last, first, MI, suffix (Jr., III, etc.)	Date of birth (mm/dd/yyyy)	Does child have a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security number (###-##-####)
4) Child's name: Last, first, MI, suffix (Jr., III, etc.)	Date of birth (mm/dd/yyyy)	Does child have a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security number (###-##-####)

## 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, are received.

Applicant signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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