



CT TEACHERS' RETIREMENT BOARD
 165 CAPITOL AVENUE HARTFORD, CT 06106-1673
 "An Affirmative Action/Equal Opportunity Employer"
 Toll-Free 1 (800) 504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb

REPORTING THE DEATH OF A CTRB MEMBER

INSTRUCTIONS:

- Please type or print clearly and check all boxes that apply.
- Include a photocopy of the Death Certificate with this form.
- If reporting the death of an active or disabled member, please be sure to provide the names of all statutory survivors (surviving spouse, minor children under age 18 or disabled children). A [Survivorship Benefits Before Retirement Bulletin](#) is available for review on the Teachers' Retirement Board website under Active Teacher Publications.
- If reporting the death of an inactive member, please provide the date that the member was last actively employed in the public schools of Connecticut.
- Our system provides for a full (non-prorated) monthly payment for the last month in which the retired or disabled member is alive. For example, if a benefit recipient dies on October 7, the final monthly retirement or disability payment issued in the member's name will be issued as scheduled at the end of October.
- Any/all payments issued IN ANY month after the date of death will need to be returned to CTRB.
- Upon receipt of this completed form and a photocopy of the Death Certificate, this office will be in a position to contact the proper person(s) **in writing** with final settlement information.

DATE OF DEATH

MEMBER NAME: (FIRST, MIDDLE INITIAL, NAME)	SOCIAL SECURITY NUMBER
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MEMBERSHIP STATUS (CHECK ONE):

ACTIVE MEMBER
 INACTIVE MEMBER
 DISABLED MEMBER
 RETIRED MEMBER

DEATH REPORTED BY: NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO THE DECEASED
STREET ADDRESS	EMAIL ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER

IF THE MEMBER WAS ACTIVELY EMPLOYED IN A CT LOCAL SCHOOL DISTRICT OR RECEIVING A DISABILITY ALLOWANCE FROM THE TEACHERS' RETIREMENT BOARD, PLEASE PROVIDE THE FOLLOWING INFORMATION:
NAME OF SURVIVING SPOUSE (IF APPLICABLE):
NAME AND DATE OF BIRTH OF ALL MINOR CHILDREN (UNDER AGE 18) OR DISABLED CHILDREN: