

TEACHERS' RETIREMENT BOARD 165 Capitol Avenue Hartford CT 06106-1673 1 (800) 504 – 1102

Trb.benefits@ct.gov

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 <u>Survivorship Benefits Before Retirement</u> Bulletin is available for review on the Teachers' Retirement Board website.
- 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
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:	