



## TEACHERS' RETIREMENT BOARD

165 Capitol Avenue  
Hartford CT 06106-1673  
1 (800) 504 – 1102  
[Trb.benefits@ct.gov](mailto:Trb.benefits@ct.gov)

### REPORTING THE DEATH OF A CTRB MEMBER'S SPOUSE, DEPENDENT OR CO-PARTICIPANT

#### **INSTRUCTIONS:**

- Please type or print clearly and check all boxes that apply.
- Include a photocopy of the Death Certificate with this form.
- Our system provides for a full (non-prorated) monthly payment for the last month in which the recipient is alive. For example, if a benefit recipient dies on October 7, the final monthly payment 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.

<b>DATE OF DEATH</b>

NAME OF DECEASED: (FIRST, MIDDLE INITIAL, LAST)	SOCIAL SECURITY NUMBER
NAME OF CTRB MEMBER: (FIRST, MIDDLE INITIAL, LAST)	SOCIAL SECURITY NUMBER

RELATIONSHIP TO THE MEMBER (CHECK ONE):

SPOUSE     DEPENDENT     CO-PARTICIPANT

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