

**Teachers' Retirement System  
Application for Survivor Benefits**



PO BOX 9000 Tallahassee, FL 32315-9000  
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name \_\_\_\_\_ Date Of Death \_\_\_\_\_ Member SSN \_\_\_\_\_

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby apply for benefits payable to me under the provisions of Section 238.07(16), Florida Statutes.

Applicant Home (\_\_\_\_) \_\_\_\_\_ Applicant \_\_\_\_\_  
Phone Work (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

1. List any unmarried dependent children of the deceased member who are under age 18 or under age 22 and enrolled in an accredited educational institution:

<u>Full Name of Dependents</u>	<u>Birthdate</u>	<u>Claimed on most recent Tax Return?</u> (Circle Y or N)	
_____	____/____/____	Y	N
_____	____/____/____	Y	N
_____	____/____/____	Y	N

2. Provide name of parent(s) who were financially dependent on the member at the time of the member's death (see page 2 of form). Complete the following:

<u>Parent Name</u>	<u>Address</u>	<u>Birthdate</u>
_____	_____	____/____/____
_____	_____	____/____/____

**This form must be signed and acknowledged before a notary public**

Applicant Signature (sign in the presence of a Notary) \_\_\_\_\_

**Notary:**

State of \_\_\_\_\_, County of \_\_\_\_\_. The above named person who has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and who is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

## Survivor Benefits

Types of Survivors	Benefit	Member's Length of Service to Qualify	Special Qualifications or Limitations
1. Beneficiary of member's account, or estate, if no beneficiary	\$500.00 death benefit, payable once.	One day of covered employment and in service at time of death as a regular full-time teacher, or a retired member of the Teachers' Retirement System.	NONE
2. Children under age 22. This benefit will be paid to the natural parent or court-appointed guardian until the child reaches the age of 18 (not necessary to be the 2. Income will terminate designated beneficiary).	\$250.00 per month for two or more children, reducing to \$190.00 for one child.	One day of covered employment and in service at time of death as a regular or full-time teacher or TRS Disability Retiree.	1. Child must be dependent on the member at the time of death for one-half or more of his/her financial support.  2. Income will terminate when the child marries, reaches age 18, or reaches age 22 if enrolled as a student in an accredited educational institution. This benefit will also terminate before age 22, if child ceases to be enrolled as a student.
3. Dependent parents (not necessary to be the designated beneficiary).	\$100.00 per month for life.	One day of covered employment and in service at time of death as a regular full-time teacher or TRS Disability Retiree.	1. Parent must be at least age 65.  2. Parent must be dependent on member at time of death for one-half or more of his/her financial support.
4. Dependent widow or widower 50 years of age and less than 65 years of age-not necessary to be the designated beneficiary.	\$150.00 per month for life, beginning at age 50.	One day of covered employment and in service at time of death as a regular full-time teacher or TRS Disability Retiree.	Widow or widower must be dependent upon the member at time of death for one-half or more of his/her financial support.
5. Widow or widower, age 65 or older (not necessary to be the designated beneficiary).	\$175.00 per month for life, beginning at age 65.	10 years of Florida service and in service at time of death as a regular full-time teacher or TRS Disability Retiree.	NONE