

13. THE FOLLOWING PERSON(S) WITNESSED THE ACCIDENT:

Witness Name: Date Witnessed:	Witness Name: Date Witnessed:	Witness Name: Date Witnessed:
Witness Address:	Witness Address:	Witness Address:
Date of Incident:	Date of Incident:	Date of Incident:

14. DATE OF ACCIDENT, WHERE ACCIDENT OCCURRED, DESCRIPTION OF THE ACCIDENT (Use additional sheets if required)

15. INFORMATION ABOUT THE APPLICANT

Relationship to deceased _____ . I was born on _____ .
 If spouse, married to deceased on _____ , _____ .

16. LIST ALL CHILDREN OF DECEASED MEMBER

Name	Date of Birth	Sex	Name	Date of Birth	Sex

I attach Death Certificate, documentary evidence of my birth, Marriage Certificate and documentary evidence of the birth of the above named children.

17. HAVE YOU MADE THE APPLICATION FOR WORKERS' COMPENSATION BENEFITS? Yes No
 ARE YOU RECEIVING WORKERS' COMPENSATION BENEFITS? Yes No Claim No. _____

18. I do hereby waive the confidential character of any records, reports or data relating to the member's mental or physical condition and hereby authorize the release of all such information by physicians, institutions and agencies including the **Social Security Administration** and the **Veterans Administration**, to the Medical Board of the New York State and Local Retirement Systems. Records, reports or data shall include, but not be limited to, a Social Security Disability Award Certificate, Social Security Form 831, HIV related, drug abuse and alcoholism information. This authority waives any rights of privacy between the deceased and their physicians, institution or agency. A copy of this waiver may be used in lieu of the original.

I certify that the information contained on this form is true.

 Signature (Sign Name in Full)

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____
 On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 NOTARY PUBLIC (Please sign and affix stamp)

PERSONAL PRIVACY PROTECTION LAW - The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member Services, NYS and Local Retirement Systems, Albany, NY 12244; 518-474-7736.