



Notification of Death RS 6082

(Rev. 6/18)

A copy of this form should be completed and forwarded to the New York State and Local Retirement System whenever an employee dies. This will enable us to avoid needless delay in initiating payment of benefits to the member's beneficiary.

TO: New York State and Local Retirement System
110 State Street
Albany, NY 12244
Fax: 518-402-4433
Email: www.emailNYSLRS.com

Registration Number _____

Name of Deceased _____

Date of Death _____

Name and Address of Nearest Relative (if known) _____

Member's Last Known Address _____

Member's Payroll Status

On Payroll and Receiving Salary Yes No

If no, explain _____

Last Date or Work For Which Salary Was Earned ____ / ____ / ____

Did the member have an accident on the job which may have led to death? Yes No (If answer is yes please send a copy of Workers' Compensation papers or a description of the accident)

Name of Employer _____

Name and Title of Notifier _____

Employer's Telephone Number _____

For Retirement System Use Only

Employer Code	Number of First Letter	Number of Payment Letter
_____	_____	_____

Beneficiary Information

1. Name _____
Address _____

2. Name _____
Address _____

3. Name _____
Address _____

4. Name _____
Address _____

5. Name _____
Address _____

6. Name _____
Address _____