



New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Please type or print clearly
in blue or black ink

Received Date

Notification of Death

RS 6082

(Rev. 05/22)

Deceased NYSLRS ID

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Deceased

Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

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

Name of Deceased: (First, Middle Initial, Last)	Date of Death:
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Name and Address of Nearest Relative: (If known)

Member's Last Known Address:

Member's Payroll Status (please print)

On Payroll and Receiving Salary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Date of Work For Which Salary Was Earned:
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If no, explain:	Did the member have an accident on the job which may have led to death? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer is yes, please send a copy of Workers' Compensation papers or a description of the accident.)
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Name of Employer:	Employer's Telephone Number: (Including Area Code)
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Name and Title of Notifier:

For Retirement System Use Only:

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

Beneficiary Information:

Name:	Name:	Name:
Street:	Street:	Street:
City, State, and Zip Code:	City, State, and Zip Code:	City, State, and Zip Code:
Name:	Name:	Name:
Street:	Street:	Street:
City, State, and Zip Code:	City, State, and Zip Code:	City, State, and Zip Code: