



# Application for Survivor Benefits

I, \_\_\_\_\_, the undersigned, as the beneficiary of a member of the Employees' Retirement Fund of the City of Dallas, do hereby make claim to the Employees' Retirement Fund for retirement benefits. The following information is submitted in support of such claim:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Death \_\_\_\_\_

**Nearest living relative:**

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you currently enrolled under your spouse's hospitalization plan?  Yes  No

If you are a survivor beneficiary under a survivor option, you will be eligible to receive survivor benefits for life and in accordance with the Retirement Fund Ordinance.

I, \_\_\_\_\_, do hereby swear or affirm that all statements made on this application are true and correct.

Signed \_\_\_\_\_

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Month) (Year)

NOTARY PUBLIC \_\_\_\_\_

COUNTY \_\_\_\_\_

COMMISSION EXPIRES \_\_\_\_\_