



INSTRUCTIONS

PLEASE READ CAREFULLY

The New York State Surrogate's Court Procedure Act (Section 1310) allows the surviving spouse and certain relatives of a deceased person to collect a benefit without court administration. New York State Surrogate's Court Procedure Act (Section 1310) does not apply to every situation.

The benefit is paid according to the following terms:

- **Only ONE individual can receive a benefit from TRS under Section 1310.** The recipient of this payment will be determined by the below order of qualifying relationship to the deceased TRS member:
 - First — Surviving spouse;
 - Second — Child who is at least 18 years old;
 - Third — Father or mother;
 - Fourth — Brother or sister;
 - Fifth — Niece or nephew; or
 - Sixth — Creditor (or a person who has incurred the decedent's funeral expenses).
- The individual with the highest qualifying relationship must file this affidavit to receive this benefit. If there are two or more members in a relationship category (e.g., siblings), TRS will recognize the filer of this affidavit as the recipient of this benefit.
- If the claimant is the surviving spouse, the payment of the TRS death benefit, plus any other payments made under Section 1310 by all debtors known to the decedent, cannot exceed \$30,000.
- If the claimant is someone other than the surviving spouse and 30 days have passed since the date of death, the payment of the TRS death benefit, plus any other payments made under Section 1310 by all debtors known to the decedent, cannot exceed \$15,000.
- If the claimant is the creditor who incurred the decedent's funeral expenses at the request of a surviving spouse or relative and 30 days have passed since the decedent's death, then the payment of the TRS death benefit, plus any other payments made under Section 1310, cannot exceed \$15,000.
- If the claimant is the creditor who incurred the decedent's funeral expenses and was not asked to do so by the surviving spouse or one of the decedent's relatives and six months have passed since the decedent's death, then the payment of the TRS death benefit, plus any other payments made under Section 1310, cannot exceed \$5,000.
- All individuals with an equal or higher qualifying relationship than the person or organization filing this affidavit must be listed in Part D of this affidavit. Each living individual listed in Part D must submit a "Release of Claim Form under Section 1310" (code DB28) to TRS before the claimant can receive this benefit; no funds will be released until these forms are filed by all applicable individuals. This form is available on our website. **(Note: The person or organization filing this affidavit must submit an original death certificate, or certified copy, for any individual(s) listed in Part D of this affidavit who dies without submitting the required "Release of Claim Form under Section 1310.")**
- If you need additional assistance, please call our Member Services Center at 1 (888) 8-NYC-TRS.



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**CLAIMANT'S AFFIDAVIT FOR BENEFIT
UNDER SECTION 1310
SURROGATE'S COURT PROCEDURE ACT**



TEACHERS' RETIREMENT SYSTEM
OF THE CITY OF NEW YORK (TRS)
55 Water Street, New York, NY 10041
www.trsnyc.org • 1 (888) 8-NYC-TRS

Please read the instructions on page 1 before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

Part A: Please complete the below information about the deceased TRS member.

First Name MI Last Name Social Security Number (last 4 digits only)
 - -

Date of Birth (MM/DD/YYYY): / /
Date of Death (MM/DD/YYYY): / /
TRS Membership/Retirement/TDAB Number

Part B: The claimant must provide all information below; please print.

Claimant's First Name MI Last Name
I, , being duly sworn, depose
and say that I reside at:

Permanent Home Address Apt. No.

City State Zip Code

My relationship to the deceased is _____.

TRS Claim Code (This affidavit cannot be processed if the Claim Code, which was provided in your notification letter from TRS, is not entered.)

Claimant's Date of Birth (MM/DD/YYYY)

/ /

Claimant's Social Security Number

- -

Claimant's Primary Phone Number (Check one: Home Work Mobile)

() -

Claimant's Alternate Phone Number (Check one: Home Work Mobile)

() -



Part C: Please check the appropriate boxes below. If you answer “yes” to any of the below questions, do **NOT** file this affidavit.

Has application been made in the estate of the decedent for voluntary administration, letters of administration, or probate of a will?

Yes No

Has an Administrator, Executor, or other Fiduciary been appointed?

Yes No

Part D: Please list below everyone with an equal or higher qualifying relationship than the claimant, as indicated in the instructions on page 1. For each living person, list the person’s name, age, relationship to claimant, and address. For each deceased person, also list the person’s name and date of death; in addition, please provide an original death certificate, or certified copy, for the deceased.

NAME/AGE	RELATIONSHIP	ADDRESS	DATE OF DEATH

Part E: Please check ONE of the statements below.

Surviving Spouse ONLY

I am the surviving spouse of the decedent. To the best of my knowledge, this payment and all other payments made under Section 1310, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$30,000.

To be completed based on Relationship to Decedent

*I am the decedent's _____ and **30 days have passed** since the date of death. To the best of my knowledge, this payment and all other payments made under Section 1310, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$15,000.*

To be completed by a Creditor ONLY

*I am a creditor of the decedent or a person who has paid or incurred the decedent's funeral expense, and **30 days have passed** since the date of death. The debt was incurred at the request of the surviving spouse or other entitled relatives. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$_____. To the best of my knowledge, this payment and all other payments made under Section 1310 do not, in the aggregate, exceed \$15,000. NOTE: A copy of the paid funeral bill and Release of Claim Form by an entitled relative(s) must be attached.*

*I am a creditor of the decedent or a person who incurred the decedent's funeral expense and **six months have passed** since the date of death. The debt was not incurred at the request of the surviving spouse or other entitled relatives. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$_____. The decedent was not survived by a spouse or minor child. To the best of my knowledge, this payment and all other payments made under Section 1310 do not, in the aggregate, exceed \$5,000. NOTE: A copy of the paid funeral bill must be attached.*

Part F: Please read the following statement and sign and date below in the presence of a notary. If you are an agent/legal representative signing on the claimant's behalf, please indicate this.

I am entitled to the payment herein and do induce TRS to pay me the amount due, knowing full well that TRS will rely on the truth of the statements herein contained in making such payment. I agree for myself and my executors, administrators, or assigns to hold TRS forever harmless and to indemnify it from any and all liability, loss, damage, claims, suits, costs, or expenses whatsoever which may arise directly or indirectly from making such payment. I hereby certify that there is no designated beneficiary to whom this benefit(s) should be paid and the information I have provided on this affidavit is true and correct to the best of my knowledge.

If signing as an agent, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise.

CHECK HERE IF YOU ARE SIGNING AS AN AGENT.

YOUR SIGNATURE

YOUR PRINTED NAME

DATE (MM/DD/YYYY)

