

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 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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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 M	I 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. The Name and Social Security Number (SSN)/ Tax ID that you enter below must match those on your Internal Revenue Service (IRS) tax documents.

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

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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
_	100	

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

_ 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

Surviving Spouse ONLY	
	t. To the best of my knowledge, this payment and all other payments made decedent known to me after diligent inquiry, do not exceed \$30,000.
To be completed based on Relationshi	p to Decedent
	and <b>30 days have passed</b> since the date of death. At and all other payments made under Section 1310, by all debtors of the y, do not exceed \$15,000.
To be completed by a Creditor ONLY	
<b>have passed</b> since the date of death relatives. I paid the funeral expenses reimbursement in the amount of \$	person who has paid or incurred the decedent's funeral expense, and <b>30 days</b> by The debt was incurred at the request of the surviving spouse or other entitled is from my own funds and I have not been reimbursed in full. I am seeking To the best of my knowledge, this payment and all other do not, in the aggregate, exceed \$15,000. NOTE: A copy of the paid funeral bill titled relative(s) must be attached.
<b>passed</b> since the date of death. The relatives. I paid the funeral expenses reimbursement in the amount of \$	person who incurred the decedent's funeral expense and <b>six months have</b> debt was not incurred at the request of the surviving spouse or other entitled s from my own funds and I have not been reimbursed in full. I am seeking The decedent was not survived by a spouse or minor child rement and all other payments made under Section 1310 do not, in the aggregate paid funeral bill must be attached.
<b>Part F:</b> Please read the following statement agent/legal representative signing on the claim	and sign and date below in the presence of a notary. If you are an nant's behalf, please indicate this.
the truth of the statements herein container or assigns to hold TRS forever harmless an expenses whatsoever which may arise dire	induce TRS to pay me the amount due, knowing full well that TRS will rely on d in making such payment. I agree for myself and my executors, administrator nd to indemnify it from any and all liability, loss, damage, claims, suits, costs, or ectly or indirectly from making such payment. I hereby certify that there is no it(s) should be paid and the information I have provided on this affidavit is true
If signing as an agent, I certify that I have revocation, termination, death, divorce,	ve no knowledge or notice that my authority as the agent has ended by or otherwise.
CHECK HERE IF YOU ARE SIG	

YOUR SIGNATURE

YOUR PRINTED NAME

DATE (MM/DD/YYYY)

DB14 (4/24)

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<b>Part G:</b> TO BE C an American consul.	, , , , , , , , , , , , , , , , , , ,	Attestation made outside the U.S. must be executed before
State of	)	
County of	) S.S. )	
On the	day of	,, before me personally appeared the
and known to me to be th	e le individual described in and who exec ame and that the statements contained	cuted the foregoing instrument and acknowledged to me
Signature:		
Official Title:		
Expiration Date of Comm	ission (MM/DD/YYYY):	

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