

SURVIVOR'S INFORMATION GUIDE

AS A BENEFIT TO OUR MEMBERSHIP, WE HAVE PREPARED A BROCHURE OF INFORMATION WHICH MAY BE HELPFUL TO FAMILY MEMBERS OF AN INCAPACITATED MEMBER OR A SURVIVING SPOUSE/DOMESTIC PARTNER OF A DECEASED MEMBER OF THE CSA RETIREE CHAPTER. Make sure that your spouse/domestic partner or the person you designate to handle your affairs is familiar with the contents of the brochure and is aware of its location.

Dealing with the legal ramifications that occur after the loss of a spouse or domestic partner can be difficult or troublesome. We have prepared this list of agencies/organizations that must be notified as soon as possible. The more timely the notifications, the smoother the process will be for implementing Survivor's Benefits.

Teacher's Retirement System of the City of New York

55 Water Street

New York, NY 10041

(888) 8-NYC-TRS {(888) 869-2877}

<https://www.trsnyc.org/memberportal/Forms/formsForBeneficiaries>

1. Ask about benefits that may be coming to beneficiary.
2. An **original** Death Certificate will be required.
3. The entire check for the month of death must be returned (If direct deposit was used, TRS will get the money from the bank). TRS will issue a pro-rata check for the month.

New York City Department of Labor Relations, Employee Benefits Program

22 Cortlandt Street, Floor 12-14,

New York, NY 10007

(212) 306-7200

<https://www.nyc.gov/site/olr/mbf/mbf-survivor-benefits.page>

Social Security Administration

Monday – Friday, 8:00am – 7:00pm

(800) 772-1213 Northeast Program Center.

www.ssa.gov

(Check for local center information, if residing elsewhere).

- Must call **IF** the deceased was receiving Social Security and/or Medicare benefits.

CSA Retiree Chapter

40 Rector Street, 12th Floor, New York, NY 10006

(212) 823-2020

www.csa-nyc.org

1. If the surviving spouse/(registered) domestic partner is a dependent, they may continue membership with supplemental health benefits for as long as they remain eligible for CSA Retiree Welfare Fund benefits. An application must be completed.
2. If the member was also a active in a CSA Regional Unit, the local representative should be contacted.
3. A copy of the Death Certificate is requested.

CSA Retiree Welfare Fund

40 Rector Street, 12th Floor, New York, NY 10006

www.csawf.org

1. Surviving Spouse Benefits continue without cost, for 5 years from the date of death of the member.
2. Ask for the Survivor's Information Packet

**INFORMATION FOR SURVIVORS OF DECEASED MEMBERS
OF THE CSA RETIREE CHAPTER**

The following information will be needed to settle my affairs:

1. Date of Birth: _____ Place of Birth: _____
2. Copy of my Birth Certificate is in: _____
3. My Social Security#: _____
4. My last work site was: _____
5. I retired on (date): _____
6. My last job title was: _____
7. My Pension#: _____
8. My Pension Option was: _____
9. My TDA#: _____
10. My TDA Beneficiary (ies): _____
11. My Fractional Beneficiary (ies): _____
12. My Death Benefit Beneficiary (ies) (**Not Tier 1*): _____
13. My Health Plan: _____
14. My Health Plan ID#: _____
15. My Spouses Health Plan: _____
16. Other organizational benefits (with contact information)
 - a. _____
 - b. _____
 - c. _____
 - d. _____

ADDITIONAL INFORMATION

The previous data and contact information is specific to CSA retirees. There are numerous additional items that any survivor needs to access quickly and easily.

1. The original (official) copy of my will is located at:

2. The attorney who has been handling my affairs is:

Contact: _____

3. My tax papers are located at: _____

4. My accountant is: _____

Contact: _____

5. I was a war veteran (yes or no): ___ If yes, Veterans Claim: _____

Contact Regional Office of the Veteran's Administration for New York at: (800) 827-1000

6. Organizations which may provide a death benefit (list name, address, and phone number).

7. ASSETS

Bank Accounts- Name and location of bank and type of account

List of accounts and numbers is kept at/ in: _____

Safety Deposit Box is located at: _____

Key and box number is located at _____

List your Investment Broker(s): _____

8. INSURANCE

Life insurance policies (contracts) are located at/ in: _____

9. CONTACTS

Specify the purpose for making the contact (religious services, burial society, professional service provider who has valuable information, friend/ family member who can contact others or assist in other ways, etc.)

Reason for contact: _____
Name (person and/or organization): _____
Address: _____
Email Address: _____
Phone #: _____

Reason for contact: _____
Name (person and/or organization): _____
Address: _____
Email Address: _____
Phone #: _____

Reason for contact: _____
Name (person and/or organization): _____
Address: _____
Email Address: _____
Phone #: _____

Reason for contact: _____
Name (person and/or organization): _____
Address: _____
Email Address: _____
Phone #: _____

Reason for contact: _____
Name (person and/or organization): _____
Address: _____
Email Address: _____
Phone #: _____

10. ACCOUNTS

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____

Account Name: _____

User ID: _____

Password: _____