

MoDOT & Patrol Employees' Retirement System

PO Box 1930 • Jefferson City, MO 65102-1930 Phone: (573) 298-6080 • (800) 270-1271 Serving those who keep us safe. Fax: (573) 522-6111 • Email: mpers@mpers.org Website: www.mpers.org

Survivor Application

- Complete all sections of this form (type or print clearly). 1.
- 2. Attach the required proof documents.
- 3. Mail completed form to MPERS.

Deceased	Member's Informati	ion (attacl	n copy of	death certific	ate)	
Member's Name: (Last, First, MI)		Social Secur	ity Number:	D	Date of Death:	
		XXX – XX –				
	Survivo	or Informa	tion			
Survivor's Name: (Last, First, MI)		Social Security Number:		Date of Birth:	Sez	x:
			-			Male Female
Mailing Address:	(City)		(State) (Zi	ip Code)	
Relationship to Deceased Member:	E-mail Address:			Phone Numb	ber:	Cell
\Box Spouse \Box Child \Box	Other	MPERS correspo	ndence by email.			Home
 An Affidavit of Natural Parent or C Benefits for children stop at age 21 	Conservatorship must accompa	ny the Survivor		r each minor child (under the age of 18	3).
 Guaranteed payment benefits stop Deceased Mem 	at the end of guaranteed payme ber's Child(ren) Un		1 (if active	e member de	ath onlv)	
List all the deceased member's nat	ural and adopted child(ren)	under age 21.				
Child's Full Name Date of B					Date of Birth	
	Droof D	ocumenta	tion			
		ocumenta	uon			
Attach the following applicable do Your Proof-of-Age/Lawfu	l Presence Document (<i>requir</i>	ed)	Marriage Co	ertificate (<i>if applica</i>	ble) Death Cer	tificate
(Check type of document s		(reg				
□ Valid Missouri Drivers License	US Passport (valid or expi	red)		nt is the spouse of th		w of the
 □ Certificate of Citizenship □ Certificate of Birth Abroad 	on Resident Card	Card deceased member, please submit a Attach a copy o death certificate				
US Birth Certificate (<i>certified orig</i>	lesident Card	<i>(if not previously submitted).</i> with this for			m.	
Bono	ficiary Designation	lfor the Ei	nal Panat	it Doumont)		
Upon my death, in the event that n					raby request MPI	FRS to
forward my final monthly survivor				iciai account, i nei	reducst will i	2163 10
Beneficiary's Name: (Last, First, N	AII) Soc	ial Security N	umber: Re	elationship:	Date of B	irth:
Mail Address:	(City)	(State)	(Zip Code)	Preferred Phone I	Number:	Cell
	(213)	(2000)	(2.1) 0000)	()		Home Work
Sian	ature of Survivor, N	latural Pa	rent. or Co	onservator		
I am applying to receive survivor be document will not be returned to n statutes, by being available to give apply for any benefits to which I n correct.	penefits from MPERS. I hav ne. If applicable, I hereby as opinions in writing or orall	ve attached the gree to act as a y, in response	e member's de a special cons to requests b	eath certificate and ultant and to abide y the Board. For tl	by the provision bis availability, I	hereby
Signature of Survivor/Natural Pare			Date:			
				overn MPERS, the la		