



BENEFICIARY'S GUIDE TO ACTIVE EMPLOYEE DEATH BENEFITS

For Family Members and Beneficiaries
of Active Employees

This guide summarizes the benefits and claims process for survivors of active employees.

City of
MEMPHIS

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INTRODUCTION

This guide provides detailed information about active employee's benefits and can help you understand what to expect from the City of Memphis when an active employee dies.

WHEN AN ACTIVE EMPLOYEE DIES

Losing a loved one is never easy, and it can be difficult to settle your loved one's estate during such a challenging time. Please be assured that the City of Memphis staff will work with you to explain any benefits available to you, as well as other survivors or beneficiaries.

Concern Employee Assistance Program (EAP) has a team of licensed, experienced counselors and clinical social workers who are here to help you sort through issues related to your loss. **Your immediate family can access the City's EAP** to meet with a counselor confidentially at no cost. You may contact Concern EAP at (901) 458-4000 or (800) 445-5011.

WHO TO CONTACT

Andrea Slaughter, , your Human Resources Liaison, will be your primary point of contact. She will answer questions and guide you through the process of claiming your survivor benefits. The best way to contact Andrea is by phone at (901) 636-6637 or email her at andrea.slaughter@memphistn.gov.

GETTING STARTED

With the loss of a loved one, understanding the benefits for which you qualify and producing the required documentation can be overwhelming. The information in this booklet will assist you through the process. Your Human Resources Liaison will also assist and support you in answering your questions.

Step 1:

Your Human Resources Liaison will contact you to begin the process. Be prepared to provide the following information about the deceased employee:

- Name
- Social Security Number
- Date of Birth
- Date of Death

Be prepared to provide the following information about any surviving family members:

- Name
- Address
- Social Security Numbers
- Date of Birth
- Date of Marriage

Step 2:

You will be provided with a benefits summary from your Human Resources Liaison.

- Standard Insurance Company will process the payment of the benefit and disburse to the eligible beneficiary.

Introduction

Step 3:

The Benefits Department will provide you with the Surviving Beneficiary Packet (either in person, via email, or mail; per your preference), which includes the paperwork you will need to complete to continue receiving benefits, including:

- ☐ Dependent Allowance Affidavit
- ☐ Retirement Health Insurance benefit election form
- ☐ Form W-4P
- ☐ Authorization for Direct Deposit
- ☐ Claim forms Standard Insurance for non-contributory life insurance

Additional documentation the beneficiary may need to provide includes:

- ☐ Copy of marriage license (if applying as a spouse)
- ☐ Certified copy of the employee's death certificate
- ☐ Beneficiary photo identification
- ☐ Voided check for direct deposit
- ☐ Copy of birth certificate and verification of being a full-time student, if a dependent child is applying as the beneficiary and is 18 years of age or older (for those applying as children)
- ☐ Legal Order Appointing Guardianship and copy of dependent's birth certificate if the applicant is a dependent child under age 18

Completed paperwork and documentation can be returned (via email or mail) to the Benefits Administration Service Center ("Benefits") for review and approval. You may also bring the paperwork with you if you are meeting with the liaison in person. Once approved, Benefits sends Pension Payroll the required documents, and Pension Payroll sets up your pension benefits.

The Pension Administration Board ("Board") must approve all survivor benefits prior to payment of benefits. The Pension Administration Board meets on the last Thursday of each month. It is during this meeting that the Board reviews and approves all payments. The first check is then processed approximately 30 to 60 days from the date of approval by the Pension Administration Board.

Your spouse's pension or payroll check may be directly deposited into a financial institution such as the Memphis City Employees Credit Union. If you are **NOT** on the account, you **WILL** need to create a new account to continue the direct deposit. Contact your financial institution or the City of Memphis Employees Credit Union at (901) 321-1200.

Pension Benefits for Beneficiaries

BASIC DEATH/LIFE INSURANCE BENEFITS

All full-time employees receive a Death Benefit of \$10,000. This means that when a full-time employee passes away, their designated beneficiary is eligible to receive \$10,000 in the tragic event that their loved one dies in the line of duty.

Who is eligible?

- The employee's designated beneficiary
- If none, beneficiary estate

What are the benefits?

- \$10,000 will be paid to the deceased employee's designated beneficiary

What are the distribution options?

- Standard Insurance Company will process the payment of the benefit and disburse to the eligible beneficiary.

FINAL PAY

The City of Memphis provides the beneficiary a final payout for the deceased employee's accrued sick time up to 75 days. The employee must have held a position covered by the City's Retirement System or the Social Security Act.

Who is eligible?

- The beneficiary designated in the employee's Benefit Service Center file, the Division of Human Resources file, or as designated by law.

What are the benefits?

- An amount equal to the employee's pay for accrued sick leave not to exceed 75 days.
- All accrued wages due, including allowances for unpaid holidays, vacation leave, and an amount equal to the employee's regular wages for one month but minus any legally required deductions.

What are the distribution options?

- Once Payroll has processed the check, it is sent to the Law division. The beneficiary is contacted, and a meeting is scheduled to pick up the check.

HEALTH INSURANCE

If you were on the City's group health, dental, or vision insurance plan, you may have the option to remain on the dental and vision plan. The option to remain on the City's medical plan is based upon eligibility under the terms of those plans. Your Benefits representative can assist you with these requirements. ... *continued*

Pension Benefits for Beneficiaries

The City of Memphis has partnered with Via-Benefits, a private insurance exchange, to assist those who do not qualify to remain on the City's medical coverage and those who will start using Medicare. Your Benefits liaison will provide more information.

SURVIVOR PENSION BENEFITS

The City of Memphis established this plan to provide retirement benefits for eligible employees and their beneficiaries.

Who is eligible:

- The current spouse (not to include common law or domestic partners)
- **If there is NO spouse:**
 - dependent children under age 18 and/or unmarried children up to age 25 (**if full-time students**) will share equal distribution of the benefits.
 - handicapped children are also eligible to receive the benefit
- **If there are no beneficiaries**, the participant's contributions to the plan plus credited interest will be **paid to the employee's estate**.

What are the benefits:

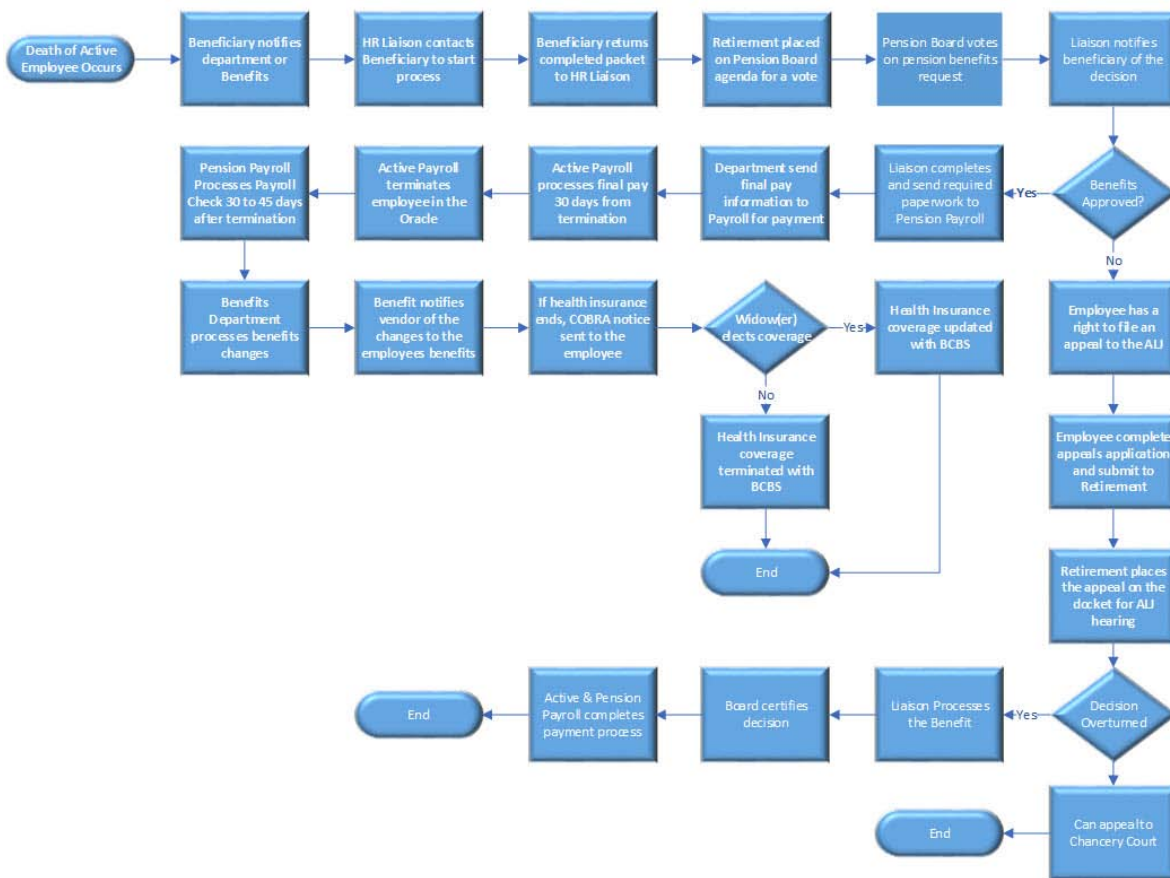
- A monthly benefit, equal to the higher amount of 60% of the employee's average monthly compensation or the accrued benefit as of the date of the employee's death.
- The Line of Duty Death monthly benefit for the employee's handicapped children is equal to the greater of 30% of the employee's average monthly compensation or 50% of the employee's accrued benefit as of the date of the employee's death.

What are the distribution options?

- The pension benefits will be processed in the City of Memphis' Pension Payroll Department and directly deposited into the account designated by the eligible beneficiary semi-monthly.

Line of Duty Death and Pension Benefits for Survivors

Active Employee Pension Retirement Process



VOLUNTARY BENEFITS

The City of Memphis partners with Colonial Life & Accident Insurance Company. Colonial Life provides an employee the opportunity to enhance coverage for unexpected life events. Participation in these plans is on a voluntary basis. If an employee has participated in this voluntary program, benefits will be paid pursuant to the policy. For all Colonial Life questions, please call (901) 507-8880 or (800) 325-4368.

SOCIAL SECURITY BENEFITS

Social Security survivors' benefits are paid to widows, widowers, and dependents of eligible workers. This benefit is particularly important for young families with children. More information available in the Resources section of this book.

Your family members may receive survivors' benefits if you die. If you are working and paying into Social Security, some of those taxes you pay are for survivor's benefits. Your spouse, children, and parents could be eligible for benefits based on your earnings.

Line of Duty Death and Pension Benefits for Survivors

You may receive survivors' benefits when a family member dies. You and your family could be eligible for benefits based on the earnings of a worker who died. The deceased person must have worked long enough to qualify for benefits. We have also included some information in the Resources section of this guide; however, additional information can be located at <https://www.ssa.gov/benefits/survivors/>.

DOCUMENTS YOU MAY NEED TO PROVIDE

You may be asked to provide the following documents to show eligibility:

- Proof of the worker's death,
- Birth certificate or other proof of birth,
- Proof of U.S. citizenship or lawful alien status if you were not born in the United States,
- U.S. military discharge paper(s), if you had military service before 1968,
- For disability benefits, the two forms ([SSA-3368](#) and [SSA-827](#)) that describe your medical condition and authorize disclosure of information to us,
- W-2 forms(s) and/or self-employment tax returns for last year,
- Final divorce decree, if applying as a surviving divorced spouse; and
- Marriage certificate

RESOURCES



Checklist

Listed below are items you should have available when you file for your survivor benefits:

- ☐ Dependent Allowance Affidavit
- ☐ Retirement Health insurance benefit election form
- ☐ Form W-4P
- ☐ Authorization for Direct Deposit
- ☐ Claim forms Standard Insurance for non-contributory life insurance

Additional documentation the beneficiary may need to provide is:

- ☐ Copy of marriage license, if applying as a spouse
- ☐ Copy of the certified death certificate
- ☐ Photo identification
- ☐ Voided check for direct deposit
- ☐ Copy of birth certificate and verification of being a full-time student, if a dependent child is applying as the beneficiary and is 18 years of age or older, for those applying as children
- ☐ Legal Order Appointing Guardianship and copy of dependent's birth certificate if the applicant is a dependent child under age 18

You may also contact us through email at benefitsquestions@memphistn.gov or call **(901) 636-6800** to speak with or [schedule an appointment with a Benefits Specialist](#).

Who to Contact

| Reason for Contact | Type of Claim | Contact |
|---|--|--|
| Line of Duty Pension Benefits Health & Life Insurance Benefits | Benefits Administration Service Center | Andrea Slaughter (901) 636-6800 andrea.slaughter@memphistn.gov benefitsquestions@memphistn.gov |
| Line of Duty Death Benefits | On the Job Injury (OJI) | Joyett King-Wright (901) 636-6800 joyett.king-wright@memphistn.gov |
| Pension & Retirement Pay and Calculations | Pension Payroll | Cynthia Thomas (901) 636-6661 cynthia.thomas@memphistn.gov payroll-finance@memphistn.gov |
| BlueCross BlueShield of Tennessee | Medical, Dental, Vision & Pharmacy Claims | (888) 796-0609 www.BCBST.com |
| Empower Retirement | 457(b) Accounts Pension Refunds | (800) 743-5274 Austin Maness austin.maness@empower-retirement.com David Bennett d.bennett@empower-retirement.com |
| Colonial | | (901) 507-8880 or (800) 325-4368 |
| Concern EAP | | (901) 458-4000 or (800) 445-5011 |
| Social Security Administration | Survivor Social Security Benefits | 1-800-772-1213 or (TTY 1-800-325-0778) https://ssa.gov |

PENSION APPLICATION PACKET

Please accept the City of Memphis' condolences on the passing of your loved one. To assist us in helping you during this time, enclosed are the forms needed to file your claim for Pension and Life insurance benefits. Please complete and return to the Benefits office along with the following documents:

- A copy of your Marriage License (If applicable)
- An original copy of the Certified Death Certificate
- A copy of your picture identification (Driver's License, Driver's Permit, or a current passport)

Please return the completed forms by email, fax or mail:

Total Rewards-Benefits Office

2714 Union Ave. 4th Floor

Memphis, TN 38112

Fax Number: (901) 636-9431

Email: andrea.slaughter@memphistn.gov

If you have any questions or require additional information regarding this matter, please call us at (901) 636- 6800 during normal business hours.

CITY OF MEMPHIS RETIREMENT SYSTEM

Dependent Allowance Affidavit

I, hereby, apply for a dependent allowance (Spouse/Child) under the provisions of an ordinance creating and establishing a retirement and pension system.

1. YOUR NAME: _____
ADDRESS: _____
CITY STATE ZIP: _____
DAYTIME TELEPHONE # _____ EVENING TELEPHONE # _____

2. YOUR DATE OF BIRTH: _____

3. DECEASED MEMBER'S NAME: _____

4. DECEASED MEMBER'S SS#: _____

5. WHAT DIVISION DID THE DECEASED MEMBER RETIRE FROM: _____

6. DATE OF DEATH: _____

7. RELATIONSHIP TO MEMBER AT TIME OF DEATH:

MARRIED () SEPERATED () DIVORCED () CHILD ()

8. DATE OF MARRIAGE: _____

9. CHECK WHAT EVIDENCE YOU HAVE TO ESTABLISH RELATIONSHIP:

MARRIAGE LICENSE () BIRTH CERTIFICATE ()

10. HAVE YOU REMARRIED: YES () NO ()

Pursuant to City of Memphis Code Section 4-24-18 Distribution *Benefits payable to a surviving spouse will stop if the spouse remarries before the age of 65*

11. LIST ALL CHILDREN UNDER AGE 22:

| NAME | DATE OF BIRTH | SEX |
|----------|----------------|-------|
| A. _____ | ____/____/____ | _____ |
| B. _____ | ____/____/____ | _____ |
| C. _____ | ____/____/____ | _____ |

I, the above-named person, having duly sworn, do on my oath depose and say:

I am the person who made the foregoing statement, that I have carefully read the above questions and the answers hereto, and understand same; that each of the above answers is full, complete, and true, and no material fact has been concealed or omitted therefore, and that the same answers are made for presentation to the Board of Administration of the City of Memphis applying for a dependent allowance that may be payable to me under an ordinance creating and establishing a retirement and pension system for certain employees of the City of Memphis, and for their dependents.

_____/____/____
Signature Social Security Number Date

Notary Signature/Seal or Benefits Representative

CITY OF MEMPHIS AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the City of Memphis to initiate credit entries to my checking account. A voided check on the personalized checking account must be attached. No deposit slips will be accepted.

This authority is to remain in full force and effect until the City of Memphis has written notification from me of its termination and the City will have reasonable time to implement.

Date _____ Signed _____

RETIREMENT BENEFIT ELECTION FORM

Name: _____

Social Security Number: _____

Division: _____

I understand that this form pertains to coverage that I am currently enrolled through the City of Memphis. This is not an application to enroll in any coverage in which I am not currently a participant or eligible to enroll in.

I understand that as a retiree, effective March 1, 2017, to continue my health insurance I must enroll through Via Benefits (One Exchange).

Medicare- 1-866-201-0367

Non-Medicare- 1-866-201-0437

_____ I elect to maintain my Dental Insurance through the City of Memphis.

_____ I elect **not** to maintain my Dental Insurance through the City of Memphis

_____ I elect to maintain my Vision Insurance through the City of Memphis.

_____ I elect **not** to maintain my Vision Insurance through the City of Memphis

If you wish to maintain your AFLAC or Colonial Policy, you must contact those carriers to do so.

Aflac (Please contact Bud Webb at 866-2183)

Colonial (Please call 1-800-325-4368 or 901-507-8880)

Signature

Date

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2021

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2021

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

| | | |
|---|-----------|---|
| Your first name and middle initial | Last name | Your social security number |
| Home address (number and street or rural route) | | Claim or identification number (if any) of your pension or annuity contract |
| City or town, state, and ZIP code | | |

Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►
Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►

Cat. No. 10225T

Form **W-4P** (2021)



How Social Security Can Help You When a Family Member Dies

You should let us know as soon as possible when a person in your family dies. You should also give the deceased's Social Security number to the funeral director as they usually report the person's death to us.

Some of the deceased's family members may be able to receive Social Security benefits if the deceased person worked long enough in jobs insured under Social Security to qualify for benefits. **Contact us as soon as you can to make sure your family gets all the benefits they're entitled to.**

Please read the following information carefully to learn what benefits may be available.

- We can pay a one-time payment of \$255 to the surviving spouse if they were living with the deceased. If living apart from the deceased and eligible for certain Social Security benefits on the deceased's record, the surviving spouse may still be able to get this one-time payment. If there's no surviving spouse, a child who's eligible for benefits on the deceased's record in the month of death can get this payment.
- Certain family members **may be eligible** to receive monthly benefits, including:
 - A widow or widower age 60 or older (age 50 or older if disabled).
 - A widow or widower of any age caring for the deceased's child who is under age 16 or disabled.
 - An unmarried child of the deceased who is either:
 - Younger than age 18 (or up to age 19 if they're a full-time student in an elementary or secondary school).
 - Age 18 or older with a disability that began before age 22.

- A stepchild, grandchild, stepgrandchild, or adopted child under certain circumstances.
- Parents, age 62 or older, who were dependent on the deceased for at least half of their support.
- A surviving divorced spouse, under certain circumstances.

If the deceased was receiving Social Security benefits, you must return the benefit received for the month of death and any later months. For example, if the person dies in July, you must return the benefit paid in August. If received by direct deposit, contact the bank or other financial institution and ask them to return any funds received for the month of death or later. If paid by check, do **not** cash any checks received for the month the person dies or later. Return the checks to Social Security as soon as possible.

Keep in mind that eligible family members may be able to receive death benefits for the month the beneficiary died.

Contacting Social Security

The most convenient way to do business with us from anywhere, on any device, is to visit www.ssa.gov. There are several things you can do online: apply for benefits; get useful information; find publications; and get answers to frequently asked questions.

Or, you can call us toll-free at **1-800-772-1213** or at **1-800-325-0778** (TTY) if you're deaf or hard of hearing. We can answer your call from 7 a.m. to 7 p.m., weekdays. You can also use our automated services via telephone, 24 hours a day. We look forward to serving you.



Securing today
and tomorrow

SSA.gov |     

Social Security Administration

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How Social Security Can Help You When a Family Member Dies
Produced and published at U.S. taxpayer expense

Applying for Social Security Survivors' Benefits

You should notify us immediately when a person dies. However, you cannot report a death or apply for survivors benefits online.

In most cases, the funeral home will report the person's death to us. You should give the funeral home the deceased person's Social Security Number if you want them to make the report.

If you need to report a death or apply for benefits, call 1-800-772-1213 (TTY 1-800-325-0778). You can speak to a Social Security representative between 8:00 a.m. – 7:00 p.m. Monday through Friday. Although our offices are closed to the public, employees from those offices are assisting people by telephone. You can find the phone number for your local office by using our Social Security Office Locator and looking under Social Security Office Information. The toll-free "Office" number is your local office.

If you are not getting benefits

If you are not getting benefits, you should apply for survivors benefits promptly because, in some cases, benefits may not be retroactive.

If you are getting benefits

If you are getting benefits on your spouse's or parent's record:

- You generally will not need to file an application for survivors' benefits
- We'll automatically change any monthly benefits you receive to survivors benefits after we receive the report of death
- We **may** be able to pay the Special Lump-Sum Death Payment automatically

If you are getting retirement or disability benefits on your own record:

- You will need to apply for the survivors' benefits
- We will check to see whether you can get a higher benefit as a widow or widower

DOCUMENTS YOU NEED TO APPLY

Please select the benefit you will be applying for from the list below to see what information and documents you may need when you apply:

- [Widows/Widowers or Surviving Divorced Spouse's Benefits](#) (Go to ssa.gov or click on this link)
- [Child's Benefits](#) (Go to ssa.gov or click on this link)
- [Mother's or Father's Benefits](#) (You must have a child under age 16 or disabled in your care. Go to ssa.gov or click on this link)
- [Lump-Sum Death Payment](#) (Go to ssa.gov or click on this link)
- [Parent's Benefits](#) (You must have been dependent on your child at the time of his or her death. Go to ssa.gov or click on this link) ... *Continued*

Applying for Social Security Survivors' Benefits

If you don't have all the documents you need, **do not delay applying** for Social Security benefits.

In many cases, your local Social Security office can contact your state Bureau of Vital Statistics and verify your information online at no cost to you. If we cannot verify your information online, we can still help you get the information you need.

Questions They Will Ask

- Your name and Social Security Number,
- Your name at birth (if different),
- The worker's name, gender, Social Security Number, date of birth, date of death, and place of death,
- Your date of birth and place of birth (State or foreign country),
- Whether a public or religious record was made of your birth before age 5,
- Your citizenship status,
- Whether you have used any other Social Security Number,
- The State or foreign country of the worker's fixed permanent residence at the time of death,
- Whether you or anyone else has ever filed for Social Security benefits, Medicare or Supplemental Security Income on your behalf. (If so, we will also ask for information on whose Social Security record you applied),
- Whether the worker ever filed for Social Security benefits, Medicare or Supplemental Security Income. (If so, we will also ask for information on whose Social Security record you applied),
- Whether you became unable to work because of illnesses, injuries or conditions at any time within the past 14 months. (If "Yes," we will also ask you the date you became unable to work),
- Whether the worker was unable to work because of illnesses, injuries or conditions at any time during the 14 months before his or her death. (If "Yes," we will also ask you the date he or she became unable to work),
- Whether you or the worker were ever in the active military service before 1968 and, if so, the dates of service and whether you receive or are eligible to receive a pension from a military or Federal civilian agency,
- Whether you or the worker worked for the railroad industry,
- Whether you or the worker ever earned social security credits under another country's social security system,
- Whether you qualified for or expect to receive a pension or annuity based on your own employment with the Federal government of the United States or one of its States or local subdivisions,
- The names, dates of birth (or age) and Social Security Numbers (if known) of your or the worker's former spouses,
- The dates and locations of your marriages, and for marriages that have ended, how, when, and where they ended,

Applying for Social Security Survivors' Benefits

- The dates and locations of the worker's marriages, and for marriages that have ended, how, when, and where they ended,
- The amount of the worker's earnings in the year of death and the preceding year,
- Whether the worker had earnings in all years since 1978,
- The amount of your earnings for this year, last year and next year,
- Whether the worker had a parent who was dependent on the worker for ½ of his or her support at the time of the worker's death or at the time the worker became disabled,
- Whether you were living with the worker at the time of death,
- The month you want your benefits to begin; and
- If you are within 3 months of age 65, whether you want to enroll in Medical Insurance (Part B of Medicare)

Mailing Your Documents

If you mail any documents to us, you must include the Social Security Number so that we can match them with the correct application. Do not write anything on the original documents. Please write the Social Security Number on a separate sheet of paper and include it in the mailing envelope along with the documents.