



APPLICATION FOR PRE-RETIREMENT SURVIVORS' BENEFITS

APPLICANT INFORMATION (PLEASE PRINT)													
Name	First	Middle	Last	Social Security Number					-				
Mailing Address			Street	Phone				Birth Date		Month	Day	Year	
City		State		Zip	E-mail Address								
DECEASED MEMBER INFORMATION (PLEASE PRINT)													
Name	First	Middle	Last	Employer at the time of death									
My spouse's death was:		Duty-Related		Non-Duty Related		In cases of duty-related death, the LAGERS Board of Trustees must make a determination that the member's death was the result of a personal injury or disease that occurred in the actual performance of the member's duties. In order for the Board to make this determination, the surviving spouse and/or employer will be required to submit any and all information pertaining to the cause of the member's death, including injury/accident reports, medical records/reports, etc.							
		<input type="checkbox"/>		<input type="checkbox"/>									

PLEASE SUBMIT COPIES OF THE RECORD OF MARRIAGE, BIRTH CERTIFICATES FOR YOURSELF, YOUR SPOUSE, AND ANY DEPENDENT CHILDREN, AND A CERTIFIED COPY OF YOUR SPOUSE'S DEATH CERTIFICATE WITH THIS APPLICATION.

DEPENDENT CHILDREN INFORMATION (PLEASE PRINT)													
This part of the Application is to be completed if the deceased member has dependent children. For purposes of benefit eligibility, a dependent child is either a biological or legally adopted child of the member, and is considered to be a dependent child until attaining 18 years of age, marriage, or death. If child is continuously enrolled at an accredited secondary school, college, or university then dependency is extended to age 23. If the child has been found to be totally incapacitated by a court of competent jurisdiction, then the child may be any age. Please provide the following information on all biological and/or legally adopted dependent children of the deceased member:													
Name				Social Security Number						-			
Birth Date		Month	Day	Year	Check if the child is:	Incapacitated	Student	Name & Location of School					
		/	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Name				Social Security Number						-			
Birth Date		Month	Day	Year	Check if the child is:	Incapacitated	Student	Name & Location of School					
		/	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Name				Social Security Number						-			
Birth Date		Month	Day	Year	Check if the child is:	Incapacitated	Student	Name & Location of School					
		/	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Name				Social Security Number						-			
Birth Date		Month	Day	Year	Check if the child is:	Incapacitated	Student	Name & Location of School					
		/	/		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
I hereby make application for survivors' pursuant to the provisions of 70.661, RSMo (2000). I certify that my spouse was an active member of LAGERS at the time or his/her death.													
Signature										Date			