



NOTICE OF FINAL DEPOSIT OF DECEASED MEMBER

Name of Deceased Member _____ Social Security # _____

Last known address of Deceased Member _____

Name of Employing Institution _____

Date of Death _____ Date employment terminated if before date of death _____

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service _____

Job Title _____

Number of months/days normally worked under employment contract or agreement _____ / _____
 (Months Days)

Did member work in a year-round school? _____ If yes and school is multi-track, which track? _____

Total amount of salary during final month \$ _____

Final TRS deposit of \$ _____ was/will be included in the _____ TRS report

Annual salary paid for school year in which death occurred \$ _____

Annual compensation rate (total amount member would have received had they worked the full school year) in which death occurred, or in which last service was rendered

\$ _____ for school year beginning _____ Ending _____

Annual salary paid for school year before year in which last service was rendered

\$ _____ for school year beginning _____ Ending _____

If member was an hourly employee, give the hourly rate and the number of hours the employee would have worked during school year in which the death occurred. \$ _____ per hour/ _____ number of hours

CERTIFICATION

I certify the above as true and correct and that the reported "Annual salary paid for school year in which death occurred" does not include any (1) payment for unused sick leave or vacation; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses outside the regular contract; or (6) other non-creditable compensation referenced in TRS Board of Trustees' Rule 25.21 (d).

 Signature and Title of Reporting Official

 Date

INSTRUCTIONS FOR REPORTING OFFICIAL

To report the death of a member of the Retirement System, complete and return this form immediately to TRS.

Please inform the next of kin that the first document needed by the Retirement System is a copy of the death certificate. A surviving spouse, dependent children (under age 25), and incapacitated children may be eligible for health insurance if the member contributed to the program at the last place of employment and had 10 or more years of membership service. Ask them to contact TRS for details.