



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001



Notification of Death

RS 6082

(Rev. 7/02)

A copy of this form should be completed and forwarded to the New York State and Local Employees' Retirement System and/or the New York State and Local Police and Fire Retirement System whenever an employee dies. This will enable us to avoid needless delay in initiating payment of benefits to the member's beneficiary.

**TO: New York State and Local Employees' Retirement System
 New York State and Local Police and Fire Retirement System
 110 State Street – Mail Drop 7-11
 Albany, New York 12244**

Registration Number _____

Name of Deceased _____

Date of Death _____

Name and Address of Nearest Relative (if known) _____

Member's Last Known Address _____

Member's Payroll Status

On Payroll and Receiving Salary Yes No
 If no, explain _____

Last Date or Work For Which Salary Was Earned ____ / ____ / ____

Did the member have an accident on the job which may have led to death? Yes No (If answer is yes please send a copy of Workers' Compensation papers or a description of the accident)

Name of Employer _____

Name and Title of Notifier _____

Employer's Telephone Number _____

For Retirement System Use Only

Employer Code _____

Number of
First Letter

Number of
Payment Letter

Beneficiary Information

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

4. Name _____

Address _____

5. Name _____

Address _____

6. Name _____

Address _____