



APPLICATION FOR DEATH BENEFIT

BENEFITS

IMRF Form 5.30 (Rev. 07/11)

PLEASE PRINT OR TYPE

PRINT MEMBER'S IMRF MEMBER ID OR LAST FOUR DIGITS OF SSN ON ALL DOCUMENTS; DO NOT ATTACH DOCUMENTS IF PREVIOUSLY SUBMITTED TO IMRF

SECTION 1 — DECEASED INFORMATION

| | | | | |
|--------------------------|----------------|------|---|---|
| DECEASED'S FIRST NAME | MIDDLE INITIAL | LAST | JR., SR., II, ETC. | IMRF MEMBER ID OR LAST FOUR DIGITS OF SSN |
| DATE OF BIRTH (MM/DD/YY) | | | DATE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE*) | |

SECTION 2 — APPLICANT INFORMATION

| | | | | | |
|---------------------------------------|----------------|---|--|---|--|
| APPLICANT'S FIRST NAME | MIDDLE INITIAL | LAST | JR., SR., II, ETC. | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| HOME STREET (MAILING) ADDRESS | | | CITY | STATE AND ZIP (+4 IF KNOWN) | |
| HOME TELEPHONE NO. | | | DAYTIME TELEPHONE NO. (IF DIFFERENT FROM HOME NO.) | | |
| RELATIONSHIP OF APPLICANT TO DECEASED | | SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO. (FEIN) FOR TAX PURPOSES | | | |
| APPLICANT'S DATE OF BIRTH (MM/DD/YY) | | DATE OF MARRIAGE/CIVIL UNION IF APPLICANT IS SURVIVING SPOUSE OF DECEASED | | | |

SECTION 3 — WORKERS' COMPENSATION OR OCCUPATIONAL DISEASE BENEFITS

| | |
|--|---|
| (A) Was the deceased receiving Workers' Compensation or Occupational Disease Benefits? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (B) Have you applied, or will you apply, for Workers' Compensation or Occupational Disease survivor benefits? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF INSURER | |
| INSURER'S MAILING ADDRESS | CITY |
| STATE AND ZIP (+4 IF KNOWN) | TELEPHONE NUMBER WITH AREA CODE |
| (C) If you received, or are receiving, Worker's Compensation or Occupational Disease survivor benefits, give benefit amount below: \$ _____ per week \$ _____ lump sum | |

SECTION 4 — OTHER SERVICE OF CREDIT

Service of deceased with other Illinois public retirement systems (such as State Employees, State Teachers, State Universities, Judges, Cook County, Chicago Municipal, etc).

| | |
|----------------|------------------|
| NAME OF SYSTEM | DATES OF SERVICE |
|----------------|------------------|

I certify that the above information is correct to the best of my knowledge and belief.

| | |
|--|------|
| APPLICANT'S SIGNATURE (PLEASE WRITE - DO NOT PRINT!) X | DATE |
|--|------|

Illinois Municipal Retirement Fund

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) • www.imrf.org