

**APPLICATION FOR SURVIVOR BENEFITS  
(SERVICE-CONNECTED DEATH)**

To claim survivor benefits for which you may be eligible, complete this application in its entirety and return it to LACERA in the enclosed reply envelope. (You may attach an additional sheet if more space is needed.) If you have questions on how to complete this form, call LACERA at 1-800-786-6464.

Date of application \_\_\_\_\_

<b>DECEASED MEMBER INFORMATION</b> (please print)			
Name _____	_____	_____	_____
	First	Middle	Last
Social Security No. _____	Date of Death _____		_____
County Department _____	Job Title _____		

<b>SURVIVOR INFORMATION</b> (please print)			
Name _____	_____	_____	_____
	First	Middle	Last
Social Security No. _____	Telephone _____	_____	_____
		Home	Work
Address _____			
City _____	State _____	ZIP _____	_____

1. Describe specifically the injury or illness you claim caused the death.

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2. Where did the injury or illness occur? (Include approximate date.)

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3. How did the injury occur, or what caused the onset of the illness? (Please answer completely.)

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4. Was the cause of death the result of a job-related injury or illness?  Yes  No

If yes, give names, work locations, phone numbers, and addresses of any witnesses.

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5. Are you claiming the deceased member's job or job environment accelerated or aggravated a pre-existing injury or illness?  Yes  No If yes:

a. What was the nature of the preexisting injury?

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b. Give the date of the original occurrence of the preexisting injury or onset of the illness:

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c. List the names, addresses, and telephone numbers of all treating doctors, hospitals, or clinics consulted for diagnosis or treatment relating to the injury or illness. Include approximate dates of consultation, if known.

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6. Has a Workers' Compensation claim been filed for this or any other injury or illness?  Yes  No If yes, state the date(s) the application(s) was(were) filed, if known.

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7. Include any additional information you wish the Board of Retirement to consider in determining your eligibility.

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8. Will you be represented by an attorney in this application process?  Yes  No If yes, include attorney's name, address, and telephone number.

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**I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.**

Survivor Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_