

**INSTRUCTIONS FOR SURVIVORS OF DECEASED
CSA RETIREES**

Name of Member: _____

It is essential that a surviving spouse, or a designated family member, knows what must be done to safeguard your financial interest and to comply with the law.

Keep this list available. Let other family members know where it is.

I. Needed Data About the Retiree

The retiree should fill in the following items now.

Various agencies will require some or all of them.

Date of Birth: _____

Place of Birth: _____

Social Security Number:

Pension Number: _____

TDA Number (if any):

Date of Retirement: _____

Pension Options (if any): _____

Health Plan: _____

Is spouse a dependent on retiree's health plan? _____

If not, what is spouse's individual health plan? _____

Is there a WILL? _____ *Where is it Located* _____

Executor's Name / Relationship: _____

Address: _____

Phone No: _____

II. *Agencies to be notified IMMEDIATELY after Death*

1. **The Teachers Retirement System (TRS)**
40 Worth Street, New York, New York 10013
Telephone: 1-888-869-2877

*Inquire if there are any benefits for the survivor
Send an original death certificate*

If you have received a pension check for the retiree for the month during which he l she died, you must return the entire check. If the check was electronically deposited (direct deposit) to your account, it will automatically be withdrawn by The Teachers' Retirement System. Eventually, the survivor or other heir will receive a Check pro-rated for the portion of the month when the retiree was living. (Example: The retiree died on January 20'h. The beneficiary will receive a check for 20/31 of the full retirement check).

2. **The New York City Office of Labor Relations, Employee Benefits Program**
40 Rector Street, 3rd Floor, New York, New York 10006, Phone: (212) 513-0470

Give date of death and social security number.

*If the spouse was a dependent of the retiree's health plan, the spouse must now purchase health insurance. The Employee Benefits Program offers the basic health plan' under the Federal law called COBRA at the cost to the city, plus 2%. This is the best buy a surviving spouse can get. The survivor may buy it for a **maximum** of three years. Thereafter, an individual policy must be bought.*

Note: If you wish to participate in the COBRA policy, notify the Employee Benefits Program within 30 days of death.

3. **Social Security Administration - (if the retiree was receiving social security)**
Telephone: 1-800-772-1213 (Northeast program center)

Give retiree's Social security number and date of death.

If you received a social security check for a month during which the retiree died, return the entire check. You should eventually receive a pro-rated check for the portion of the month in which the retiree was living. If the check was electronically deposited (direct deposit) to your account it will automatically be withdrawn by Social Security.

If the surviving spouse receives social security independently, inquire if it is more advantageous to continue as an independent recipient or as a surviving spouse, (widow or widower).

If the surviving spouse receives social security as a dependent of the deceased, ask what the annual payments to the survivor will be.

If the surviving spouse is not yet of age to receive social security, inquire what benefits, will accrue at age of eligibility.

4. **The CSA Retiree Welfare Fund**, 16 Court Street, Brooklyn, New York 11241
Telephone: (718) 624-2600

Give the retiree's social security number and the date of death.

A surviving spouse will continue to receive the benefits of the CSA Retiree Welfare Fund for a maximum of five years after date of death of the retiree. Thereafter spouse may purchase CSA Retiree Welfare Fund coverage, for a maximum of another three years under the COBRA rules

For specifics, see booklet, CSA Retiree Welfare Fund, Health Benefits Program.

5. **RSSA (Retired School Supervisors and Administrators)**
16 Court Street, Brooklyn, New York 11241
Telephone: (718) 625-3434 (Mon., Tues., Wed., Thurs.)

Give the retiree's social security number and the date of death.

If retiree has been paying dues for husband and wife, the surviving spouse may continue as a full individual member of RSSA, with all member benefits. Surviving spouses also receive certain benefits especially designed for their needs. For specifics, see the RSSA Supplemental Health Booklet or call the RSSA

The surviving spouse will be billed for the regular individual annual dues amount after the current fiscal year.

III. Determine if a will needs to be probated. CONSULT YOUR ATTORNEY:

Attorney's Name: _____

Telephone No. _____

DOCUMENTS you may need

Death certificate. (Usually obtained by the funeral director)

Surrogates Court Certificate of Letters Testamentary if the deceased left a will, or Letters of Administration.

The surrogate court is located in your County Seat. In NY City area they are at

- New York City: 31 Chambers Street, New York, NY 10007
Telephone: (212) 347-8239*
- Bronx: 851 Grand Concourse, Bronx, NY 10541
Telephone: (718) 590-3615*
- Kings: 2 Johnson Street, Brooklyn, NY 11201
Telephone: (718) 643-5262*
- Queens: 8811 Sutphin Blvd. Jamaica, NY 11435
Telephone: (718) 520-3132*
- Staten Island: County Courthouse, Staten Island, NY
Telephone: (718) 390-5400*
- Nassau: 262 Old Country Road, Mineola, NY (Probate)
Telephone: (516) 571-3490*
- Suffolk: Suffolk Center, 320 Center Drive
Riverhead, NY, Telephone: (516) 852-1725*
- Westchester: 140 Grand Street, 8th Floor, White Plains, NY 10601
Telephone: (914) 285-3722*

IV Income Tax - Consult your accountant and / or your attorney for information concerning income tax status, estate taxes and methods of reporting - contact the nearest IRS office.

Attorney and / or Accountant's Name: _____

Address: _____

Telephone: _____

V Veteran 's: If the deceased was a war veteran, questions relating to burial and other possible benefits (i.e., life insurance) may be directed to the New York Regional Office of the Veterans' Administration at 245 West Houston Street, New York, New York 10014 Telephone: 1-800-827-100.0

Veteran's Claim Number _____

VI. ASSETS

6.1 Bank Accounts -for each account, list.- Name and number of the account, name of bank, bank's address. and telephone number.

1) _____

2) _____

3) _____

6.2 Safety Deposit Box, list: Name of bank, address, telephone number, your box number, and location of your key.

6.3 *Your investment Broker(s), if any - List each broker's name, address and telephone number, your account number, and what type(s) of securities the Broker holds for you. (Do not specify the securities)*

1) _____

2) _____

6.4 *Location of other assets, (e.g.) Federal Reserve T Bills, notes, bonds, etc...*

1) _____

2) _____

6.5 *Life insurance policies: For each policy, list name of insuring company, and number of the policy.*

6.6 *Organizations that provide a death benefit: List name of organizations, their address, and telephone number*

***KEEP THIS DOCUMENT WHERE IT IS
EASILY ACCESSIBLE!!!!***

BE SURE A FAMILY MEMBER KNOWS WHERE IT IS!!!