



MISSOURI LOCAL GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

APPLICATION FOR SURVIVORS BENEFITS

1. I, _____, hereby make application for survivors
(Print Full Name)
benefits pursuant to the provisions of §70.661, RSMo (2000).

2. I hereby certify that my spouse, _____, was a
(Print Full Name of Spouse)
member of LAGERS at the time of his/her death, at which time he/she was employed
by _____,
(Name of Spouse's Employer)

3. My spouse's death was: ___ duty-related ___ non-duty related
(Note: In cases of duty-related death, the LAGERS Board of Trustees must make a
determination that the member's death was the result of a personal injury or disease that
occurred in the actual performance of the member's duties. In order for the Board to make
this determination, the surviving spouse and/or employer will be required to submit any and
all information pertaining to the cause of the member's death, including injury/accident
reports, medical records/reports, etc.)

Print Your Name: _____ Soc. Sec. No. ___ - ___ - _____

Signature: _____ Date of Birth: _____

Mailing address: _____
Number & Street City State Zip

E-mail Address: _____ Daytime Phone: _____

Date: _____

**** Please submit a record of your marriage, birth certificates for both you and your spouse, and a certified copy of your spouse's death certificate along with this application.**

(If the deceased member has dependent children, please complete other side)

DEPENDENT CHILDREN

This part of the Application is to be completed if the deceased member has dependent children. A dependent child is either a biological or legally adopted child of the member, and is considered to be a dependent child until:

1. The occurrence of one of the following events:
 - a. Attaining 18 years of age
 - b. Marriage
 - c. Death

2. The attaining of 23 years of age, if continuously enrolled at an accredited secondary school, college, or university.

3. Any age, provided the child has been found to be totally incapacitated by a court of competent jurisdiction.

Please provide the following information on all biological and/or legally adopted dependent children of the deceased:

	<u>Name</u>	<u>Soc. Sec. No.</u>	<u>Date of Birth</u>	<u>Check if Child is Student* or Incapacitated</u>	
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

***Name and Address of School** _____

Please provide copies of birth certificates of all dependent children.

Signature of Spouse or Legal Guardian