



# Notification of Death

This form is for employers to use to notify DRS of a member's, retiree's or beneficiary's death.

Need help? Contact DRS:

Phone: 800.547.6657 • 360.664.7000  
 Fax: 360.664.7336  
 TTY: 711  
[www.drs.wa.gov](http://www.drs.wa.gov)

## Important Information

Please fill in as much information as you have available and return this form to DRS. This notification will be applied to all Department of Retirement Systems plans including the Deferred Compensation Program (DCP).

## Deceased Member, Retiree or Beneficiary Information

|   |   |  |
|---|---|--|
| Name (Last, First, Middle)  | Date of Death (mm/dd/yyyy)  | Social Security Number   |
| Status (Check One)<br><input type="checkbox"/> Active Employee <input type="checkbox"/> Separated <input type="checkbox"/> Retired <input type="checkbox"/> Beneficiary | Disability Recipient<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Don't Know | Did occupational disease or on-the-job injuries cause the death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

## Family Information

|   |  |                        |                            |
|---|--|------------------------|----------------------------|
| Deceased's Living Family Relations (Check All That Apply; Then Fill in Applicable Sections Below)<br><input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Minor Child(ren) |  |                        |                            |
| Spouse or Registered Domestic Partner Name (Last, First, Middle)  |  | Birthdate (mm/dd/yyyy) | Marriage Date (mm/dd/yyyy) |
| Mailing Address   |  | City                   | State   ZIP                |
| Email Address   |  |                        | Phone Number               |
| Minor Child Name (Last, First, Middle)  |  | Birthdate (mm/dd/yyyy) | Guardian Phone Number      |
| Mailing Address   |  | City                   | State   ZIP                |
| Minor Child Name (Last, First, Middle)  |  | Birthdate (mm/dd/yyyy) | Guardian Phone Number      |
| Mailing Address   |  | City                   | State   ZIP                |
| Minor Child Name (Last, First, Middle)  |  | Birthdate (mm/dd/yyyy) | Guardian Phone Number      |
| Mailing Address   |  | City                   | State   ZIP                |

To return the completed form, use the Upload Documents process in ERA and file it under member forms/notification of death, or mail it to Department of Retirement Systems, PO Box 48380, Olympia, WA 98504-8380. You may also fax the form to DRS at 360-664-7336.

Please complete the other side of this form as well.



**Family Contact Information**

|   |      |              |     |
|---|------|--------------|-----|
| Family Contact Name (Last, First, Middle) |      | Relationship |     |
| Mailing Address                           | City | State        | ZIP |
| Email Address                             |      | Phone Number |     |

**Employer Information**

|  |       |                   |
|--|-------|-------------------|
| Name of Person Filling in Form (Last, First, Middle) | Title | Phone Number      |
| Email Address  |       | Date (mm/dd/yyyy) |

Comments

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.