



# Notification of Death

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

Send completed form to:  
 Department of Retirement Systems  
 PO Box 48380 • Olympia, WA 98504-8380  
[www.drs.wa.gov](http://www.drs.wa.gov) • 800.547.6657  
 360.664.7000 • TTY: 711

## 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) <input type="checkbox"/> Active Employee <input type="checkbox"/> Separated <input type="checkbox"/> Retired <input type="checkbox"/> Beneficiary	Disability Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Did occupational disease or on-the-job injuries cause the death? <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) <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
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

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

Comments