

Louisiana Assessors' Retirement Fund  
P.O. Box 14699  
Baton Rouge, La. 70898-4699  
2111 Quail Run Drive, Baton Rouge LA 70808  
Phone (800) 925-4446 (225) 928-8886 Fax (225) 928-4677

**APPLICATION FOR SURVIVOR BENEFITS**

|                              |               |           |
|------------------------------|---------------|-----------|
| <b>SURVIVOR INFORMATION:</b> |               |           |
| Name of Survivor:            |               |           |
| Address:                     |               |           |
| City:                        | State:        | Zip Code: |
| Social Security Number:      |               |           |
| Email:                       | Phone Number: |           |

|                              |                       |
|------------------------------|-----------------------|
| <b>DECEASED INFORMATION:</b> |                       |
| Name of Deceased Member:     |                       |
| Social Security Number:      |                       |
| Date of Death:               | Parish of Employment: |

|   |            |
|---|------------|
| <b>INFORMATION ON CHILDREN (This should be completed only if there is no surviving spouse.)</b>   |            |
| <b>Surviving Minor Children - R.S. 11:1442</b>  |            |
| Should a member of this fund die solely from injuries received in line of duty, or should he die from natural causes after four years creditable service, and should leave no surviving spouse, but should leave a child or children under the age of eighteen years, or a child or children over the age of eighteen years who are physically or mentally disabled and who are dependent upon him or her for support, the sum of fifty dollars per month shall be paid for one child, and ten dollars per month shall be paid for each additional child until he reaches the age of eighteen years, or as long as he is physically or mentally disabled. |            |
| List all children of deceased member who are under 18 years of age, or children over the age of 18 who are physically or mentally disabled, and who were dependent upon said member for support.  |            |
| NOTE: If over 18 and physically or mentally disabled, attach affidavit from physician.  |            |
| NAME  | BIRTH DATE |
|   |            |
|   |            |
|   |            |

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|--|--|
| <b>ELECTION BY DESIGNATED BENEFICIARY (This should be completed only if there is no surviving spouse or children.)</b>   |  |
| <b>Payment to Designated Beneficiary - R.S. 11:1443</b>  |  |
| If a member dies before retiring and leaves no surviving spouse or minor or dependent children, the designated beneficiary shall be entitled to the accumulated contributions in the fund, provided that the designation of beneficiary has been previously filed with the retirement fund. However, if no beneficiary has been designated as provided herein, the accumulated contributions shall be paid to the member's estate. |  |
| Name of Designated Beneficiary or Estate: _____  |  |
| Succession Representative or Attorney for Estate: (if applicable)  |  |
| Name: _____ Phone : _____  |  |
| Please complete the Survivor Information in box one of this form and complete a Request for Refund of Accumulated Contributions form.  |  |

**ELECTION BY SPOUSE (if applicable) Please Initial appropriate election.**

**Surviving Spouse's Benefit - R.S. 11:1441**

\_\_\_\_\_ If a member of this fund dies in service with less than twelve years of creditable service, and leaves a surviving spouse, his accumulated contributions shall be paid to the surviving spouse. (Please complete a Request for Refund of Accumulated Contributions form)

If the member dies with 12 or more years of creditable service but was not yet eligible for retirement and left a surviving spouse, that surviving spouse should make the following election: (initial your election)

\_\_\_\_\_ I elect to receive an automatic optional benefit which is equal to the joint and survivor amounts provided in Option 2 as provided in LA R. S. 11:1423, which shall cease upon a subsequent remarriage\*

\*If electing this option, I fully understand that should I marry, I will notify the Board of Trustee of the Assessors' Retirement Fund. I also understand that, should there be a subsequent divorce or death of a new spouse, I shall be entitle to receive the same monthly benefit and shall notify the Board of Trustee of the Louisiana Assessors' Retirement Fund of that event as well.

\_\_\_\_\_ I elect to receive a refund of the member's accumulated contributions. (Please complete a Request for Refund of Accumulated Contributions form)

\_\_\_\_\_ If a member dies and is eligible for retirement, the surviving spouse shall receive an automatic optional benefit which is equal to the Option 2 benefits provided for in R.S. 11:1423, which shall not terminate upon a subsequent remarriage.

\_\_\_\_\_ Member was retired at time of death.

**CERTIFICATION OF APPLICANT**

I certify that all statements made herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Survivor and Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**ASSESSOR CERTIFICATION**

I hereby certify that I have read the above application and that all the statements therein are true and correct so far as I am able to determine.

\_\_\_\_\_  
Signature of Assessor

\_\_\_\_\_  
Parish of

\_\_\_\_\_  
Date

This Application must be submitted along with the following:

1. Certified Death Certificate of Member
2. Copy of Marriage Certificate or License (if surviving spouse is making application)
3. Copy of Birth Certificate or other proof of age (if there is no surviving spouse, but are dependent children)