



# Luzerne County Employees' Retirement System Form 8: Beneficiary Death Notice

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## Participant Information

Participant Name

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Street Address

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City, State, Zip Code

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Social Security Number

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## Beneficiary Information

This is to notify you that my named beneficiary,

\_\_\_\_\_ died on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I understand that if I am receiving a Joint and Survivor pension, the monthly benefit will continue for my life; if I am receiving benefits for which I should name a new beneficiary, you will advise me of this and forward the necessary forms.

\_\_\_\_\_  
Pensioner Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Authorization

Documentary evidence of the beneficiary's death was found satisfactory.

\_\_\_\_\_  
Signature of Authorized Pension Board Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Distribution

One signed copy to participant, one signed copy to EBDS, signed original retained by Pension Board