



## Luzerne County Employees' Retirement System Form 7: Participant Death Notice

---

### Participant Information

Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Participant Payable Benefits

The above-named participant died on \_\_\_\_/\_\_\_\_/\_\_\_\_. Please determine from your records the amount of benefits, if any, payable from the fund. The employee was:

Active                       Retired                       Disabled                       Deferred Vested

*A copy of the death certificate must be attached.*

### Authorization

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

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

### Distribution

One signed copy to EBDS, signed original retained by County