



APPLICATION FOR DEATH BENEFIT

IMRF Form 5.30 (Rev. 07/11) **PLEASE PRINT OR TYPE**

BENEFITS

PLEASE PRINT MEMBER'S SOCIAL SECURITY NUMBER ON ALL DOCUMENTS; DO NOT ATTACH DOCUMENTS IF PREVIOUSLY SUBMITTED TO IMRF

SECTION 1 — DECEASED INFORMATION				
DECEASED'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
DATE OF BIRTH (MM/DD/YY)			DATE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE*)	

SECTION 2 — APPLICANT INFORMATION				
APPLICANT'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME STREET (MAILING) ADDRESS			CITY	STATE AND ZIP (+4 IF KNOWN)
HOME TELEPHONE NO.			DAYTIME TELEPHONE NO. (IF DIFFERENT FROM HOME NO.)	
RELATIONSHIP OF APPLICANT TO DECEASED		SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO. (FEIN) FOR TAX PURPOSES		
APPLICANT'S DATE OF BIRTH (MM/DD/YY)		DATE OF MARRIAGE/CIVIL UNION IF APPLICANT IS SURVIVING SPOUSE OF DECEASED		

SECTION 3 — WORKERS' COMPENSATION OR OCCUPATIONAL DISEASE BENEFITS	
(A) Was the deceased receiving Workers' Compensation or Occupational Disease Benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(B) Have you applied, or will you apply, for Workers' Compensation or Occupational Disease survivor benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF INSURER	
INSURER'S MAILING ADDRESS	CITY
STATE AND ZIP (+4 IF KNOWN)	TELEPHONE NUMBER WITH AREA CODE
(C) If you received, or are receiving, Worker's Compensation or Occupational Disease survivor benefits, give benefit amount below:	
\$ _____ per week	\$ _____ lump sum

SECTION 4 — OTHER SERVICE OF CREDIT	
Service of deceased with other Illinois public retirement systems (such as State Employees, State Teachers, State Universities, Judges, Cook County, Chicago Municipal, etc).	
NAME OF SYSTEM	DATES OF SERVICE

I certify that the above information is correct to the best of my knowledge and belief.	
APPLICANT'S SIGNATURE (PLEASE WRITE - DO NOT PRINT!) X	DATE

Illinois Municipal Retirement Fund

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) • www.imrf.org