Erase

UNIVERSITY OF PUERTO RICO
Retirement System
PO BOX 21769
San Juan Puerto Rico 00931-1769

DEATH BENEFIT PAYMENT APPLICATION

Claimant Information

1. *Name:* _____
2. *Social Security No.:* _____ 3. *Relationship:* _____

4. *Postal Address:* _____
_____
_____

5. *Physical Address:* _____
_____
_____

6. *Home Phone No.:* _____ 7. *Work Phone No.:* _____
8. *Are you a beneficiary of the deceased?:* ☐ *Yes* ☐ *No*

Information About the Deceased Participant

1. *Name of deceased retiree:* _____
2. *Social Security No.:* _____
3. *Date of death:* _____/_____/_____
Month *Day* *Year*
4. *Cause of death:* _____
5. *Did the deceased have any debt with the UPR Retirement System?*
☐ *Yes* *Please specify:* _____
☐ *No*

_____ _____
Date *Claimant signature*

NOTE: YOU MUST INCLUDE A COPY OF THE BENEFICIARY'S ID CARD

Internet
v7.22.2005