



Notification of Death

This form can be completed by anyone reporting a member, retiree or beneficiary death to DRS.

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380
Phone: 360-664-7081 • Menu Option 1
drs.wa.gov • TTY 711 • Fax: 360.664.7975

Instructions

Please fill in as much information as you have available and return this form to DRS.

If you have the certificate of death, please include a copy of it when you submit this form.

What will DRS do with this information? We'll document the information and contact the spouse, family, beneficiaries or estate.

Informant Information (skip this section if you are the primary contact)

Name of Person Filling in Form (Last, First, Middle)	Relationship to Deceased
Email Address	Phone Number

Primary Contact Information

The primary contact is the person who handles the deceased's affairs. This is typically the spouse, family or estate of the deceased.

Primary Contact Name (Last, First, Middle)			
Mailing Address	City	State	ZIP
Country	Relationship to Deceased		
Email Address		Phone Number	

Deceased Member, Retiree or Beneficiary Information

Name (Last, First, Middle)		Date of Death (mm/dd/yyyy)
Social Security Number	Member ID (optional)	Birthdate (mm/dd/yyyy)
Did occupational disease or on-the-job injuries cause the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		

Please complete the other side of this form as well.



Employer submissions: To submit the paper version of this form, you can use the Upload Documents process in ERA and file it under member forms/notification of death, or mail it to DRS. You may also fax the form to DRS at 360-664-7336.



Family Information

Deceased's Living Family Relations (Check All That Apply; Then Fill in Applicable Sections Below)

Spouse or Registered Domestic Partner Child(ren)

To add additional children, include their information in the optional "Additional Information" section at the end of this form.

Spouse or Registered Domestic Partner Name (Last, First, Middle)		Marriage or Union Date (mm/dd/yyyy)	
Mailing Address		City	State ZIP
Country	Email Address		
Phone Number		Birthdate (mm/dd/yyyy)	
Child Name (Last, First, Middle)			
Mailing Address		City	State ZIP
Country	Birthdate (mm/dd/yyyy)		Phone Number
Child Name (Last, First, Middle)			
Mailing Address		City	State ZIP
Country	Birthdate (mm/dd/yyyy)		Phone Number
Child Name (Last, First, Middle)			
Mailing Address		City	State ZIP
Country	Birthdate (mm/dd/yyyy)		Phone Number

Additional Information

Include any additional comments here. (Optional)