



Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



Accidental Death Affidavit

The spouse of a deceased NYCERS member who is receiving an accidental death benefit is required to attest to his/her marital status each year by filing this affidavit. Please complete this affidavit before a notary public and return it to NYCERS. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** If you have any questions, please contact our Call Center at (347) 643-3000. If your marital status changes in the future, you must notify NYCERS immediately.

Pension Number	Last 4 Digits of SSN	Phone Number
		()
First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code

I, the undersigned, am the Eligible (or Statutory) Beneficiary of _____
under Pension Number _____ of the New York City Employees' Retirement System.

I depose and claim that following the death of my spouse, I:

Please check only one:

- Remarried
- Did not remarry

Signature of Beneficiary	Date

Pursuant to the Penal code of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by a maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred to the New York City Department of Investigation for investigation.

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared
before me the above named, _____, to me known, and known to
me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she
executed the same, and that the statements contained therein are true.

Signature of Notary Public or
Commissioner of Deeds _____
Official Title _____
Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE