

SURVIVOR'S BENEFIT CHECKLIST**DO YOU HAVE A CURRENT:**

1. "Employee Action Request" (State Form 686) designating the person authorized to receive warrants in the event of death (or a State Form 243) on file with your Department of Forestry and Fire Protection personnel office? Is the address correct?
2. "State Employees' Retirement System Change of Beneficiary" (State Form 241) on file with PERS designating the correct beneficiary for "Basic Death Benefit" and "Group Term Life Insurance Benefit?"
3. "Will" giving disposition of your "estate" (real property, autos, stocks and bonds, credit union, savings and loan and bank/savings accounts, etc.)?
4. Listing of possessions and assets prepared for reference?
5. Correct beneficiary designation on private life insurance policies, deferred compensation plans, etc.?

NOTE: The following checklists identify the information and documentation needed by survivors following the death of an employee or a retiree. They do not constitute a complete listing for all individuals. They are solely intended to be a representative "guide" to the survivor's benefits which will most likely be applicable.

I. Death of an active employee

- A. In all instances
- B. Additional requirements in the event of an accidental death.

II. Death of a retired member

Also, extreme care must always be utilized to ensure that all potential survivor's benefit sources are contacted so survivors receive everything to which they are entitled, i.e., service clubs, fraternal organizations, CSFA, CSEA, travel clubs, etc.

I. DEATH OF AN ACTIVE EMPLOYEE

A. IN ALL INSTANCES:

1. Notify CDF Unit Headquarters
 - a. Name.
 - b. Social security number (if available).
 - c. Circumstance of death and location: i.e., on-the-job, off duty, en route to/from work, etc. Include general information on how it happened.
 - d. Name, address and phone number of surviving spouse.
 - e. Has the spouse been notified -- if not, where is the body?
 - f. (Unit will notify region and in turn Sacramento headquarters).

2. Unit headquarters or CDF Firefighters representative to personally contact spouse with expression of sympathy and offer to assist with preliminary arrangements.
 - a. Body to desired funeral home.
 - b. Notification of family members.
 - c. If desired, assist in arrangements of funeral, memorial service and/or burial details. Coroner's release form must be signed by widow/widower.
 - (i) Uniformed honor guard.
 - (ii) Attendance by unit, regional and Sacramento staff.
 - (a) Uniforms or civilian dress desired?
 - d. Some veterans may have eligibility for certain special benefits for their funeral (contact local V.A. office).

3. Notify Public Employees Retirement System at (916) 326-3848.
 - a. Telephone immediately, providing the following:
 - (i) Name of deceased.
 - (ii) Social security number.
 - (iii) Date, cause and nature of death.
 - (iv) Date of birth.
 - (v) Employer (Department of Forestry and Fire Protection).
 - (vi) Health insurance plan, if known.
 - (vii) Name, address and phone number of surviving spouse (or next of kin to whom paperwork is to be sent).
 - (viii) Name, etc. (including relationship), of person providing this information.

4. Others to be notified by telephone:
 - a. Carriers of other life insurance or benefit plans:
 - (i) CDF Firefighters if a member.
 - (ii) Any other service or state employee organization.
 - (iii) Life and accident plans (Harry J. Wilson Insurancenter).
 - (iv) Local Veterans' Administration Office to ascertain if eligible for benefits (will need all military service serial numbers and discharge papers if eligible).
 - (v) Social Security Administration unless it is known for certain there are no benefits due from that source.
 - (vi) If retired from the military service, that service's casualty affairs office at their nearest facility.
5. Documentation to be obtained:
 - a. Death certificate and eight to ten (minimum number) certified copies of it.
 - b. Newspaper death notice (eight to ten copies) with photocopies being acceptable.
 - c. Copies of marriage certificate (including previous marriages and divorce decrees).
 - d. Copies of birth certificates of spouse and children under the age of 22.
6. Documentation to be generally submitted (only for a specific written request):
 - a. PERS
 - (i) Certified copy of death certificate.
 - (ii) Newspaper death notice.
 - (iii) Copies of all marriage certificates, divorce decrees, spouse's birth certificate and children's birth certificates (if under the age of 22).
 - (iv) Completed "Survivor Information Questionnaire."
 - (v) Claimant settlement.
 - b. Life Insurance Carriers
 - (i) Policy numbers.
 - (ii) Certified copy of death certificate.
 - (iii) Completed forms forwarded by carrier.

- c. Department of Forestry and Fire Protection
 - (i) Completed “Request for Delivery of Warrants of a Deceased Employee” (AO-13 - must be notarized).
 - (ii) Completed “Request for Funds and Property of a Decedent” (PO-2).

7. Others who will require a copy of the death certificate:

- a. Banks (for checking and savings accounts and safe deposit boxes for changes).
- b. Credit unions (as for banks -- also must have “pay-off insurance” on outstanding loans).
- c. County/city assessor (for change in title of ownership of real property).
- d. Other insurance carriers (change name of insured):
 - (i) Fire
 - (ii) Mortgage
 - (iii) Auto
- e. Department of Motor Vehicles - change registered and legal owner for:
 - (i) Cars and other vehicles
 - (ii) Boats
 - (iii) Trailers
- f. Stocks, bonds and securities -- companies in which any of these are held in joint tenancy will require a name of ownership change.
- g. Finance company, bank, etc., loans -- these could have “pay off insurance” to cover part or all of the loan balance.

B. IN THE EVENT OF ACCIDENTAL DEATH (the following must be obtained or done):

1. If on the job, en route to or from work, or if there is a possibility, however remote, of a job-related death or cause thereof, notify Workers Compensation and submit SCIF Form 3067 (REV 2-93). (Also, forward a copy of the Form 3067 to PERS upon their request.)
2. Promptly consult a recognized and knowledgeable attorney (or firm) to obtain legal advice on the appropriate action to follow.
 - a. This is particularly true when in doubt as to whether or not the death could be job-related or IF there is a possibility of a third party liability.
3. If death occurred in the line of duty and was of a more-or-less violent nature, notify: Public Safety Officers’ Benefit Program, U. S. Department of Justice, Bureau of Justice Assistance, 633 Indiana Avenue NW, Washington, DC 20531 (phone 202-307-0635).
4. Obtain:

- a. Written statements from eye witnesses.
- b. Certified copy of coroner's final investigation report.
- c. Written statement from any attending physician concerning nature of the cause of death.
- d. If available, a newspaper account of the accident.

II. DEATH OF A RETIRED MEMBER

A. Notify PERS and provide the following:

1. Name of deceased.
2. Social security number.
3. PERS assigned retirement number, if known.
4. Date and nature of death.
5. Health and dental insurance plans, if known.
6. Name, address and phone number of surviving spouse (or next of kin) to whom paperwork is to be sent.
7. Name, etc., including relationship, of person providing the information.

B. Also notify:

1. Social Security Administration if benefits were being received from that source.
2. Any employee or service organizations to which the deceased had been a member to ascertain if there are benefits from that source.
3. Carriers of all life insurance and health benefits of the deceased.
4. Local V.A. office to determine if eligible for any benefits (will need military service serial numbers and copies of discharge papers).
5. If retired from a branch of military service, the casualty affairs office at that branch's nearest facility.

C. Documentation to be obtained:

1. Death certificate and minimum of eight to ten certified copies of same.
2. Newspaper death notice (eight to ten copies) with photocopies being generally acceptable.
3. Copies of marriage certificate (including previous marriages, if any, and their divorce decree).
4. If death was accidental, comply with I. B. 2. and 4.

D. Documentation to be generally submitted (BUT ONLY after receiving a specific written request):

1. PERS

- a. Certified copy of death certificate.
- b. Newspaper death notice.
- c. Completed "Survivor Information Questionnaire."
- d. Claimant statement.
- e. Copies of marriage certificates and birth certificates of children under age 22, etc., are generally already on record with PERS.

2. Life insurance and other health insurance carriers

- a. Policy number(s).
- b. Certified copy of death certificate.
- c. Any forms sent by carrier for completion.

E. Others who will require a copy of the death certificate:

- 1. Banks (for checking and savings account and safe deposit boxes for change in "ownership").
- 2. Credit unions (as for banks; most also have a "pay off insurance" on outstanding loans).
- 3. County/city assessor (for change in the title ownership of real property).
- 4. Other insurance carriers (change name of insured).
 - a. Fire
 - b. Mortgage
 - c. Auto
- 5. Department of Motor Vehicles - change registered/legal owner for:
 - a. Cars and other vehicles
 - b. Boats
 - c. Trailers
- 6. Stocks, bonds and securities -- companies in which any of these are held in joint tenancy will require a name of ownership change.
- 7. Finance company, bank, etc., loans -- these could have "pay-off insurance" to cover part or all of the loan balance.

IMPORTANT PHONE NUMBERS

- CDF Firefighters Headquarters: (916) 609-8700
- Harry J. Wilson Insurancenter: (800) 549-4242
- National Public Safety Officers Death Benefit: (202) 307-0635
- **Public Employees Retirement System (PERS) Health Plans**
 - *Eligibility and Enrollment: (916) 326-3970
 - *Claims Assistance: (916) 326-3603
 - *Post-Retirement Benefits (including notification of death of a retiree):
(800) 352-2238 -- this number is in service 24 hours a day, seven days a week
 - *Pre-Retirement Benefits (including notification of an employee's death):
(800) 352-2238 or (916) 326-3212 -- these numbers are in service 24 hours a day, seven days a week.
 - *Questions on all health plans: (800) 237-3345
 - *Questions on PERS Care and Choice: (800) 444-2595
 - *FAX numbers - Benefits Division: (916) 326-3934/CALNET - 492-3769
- **Department of Personnel Administration Administered Programs**
 - *State Dental Plans - Actives: (916) 326-3605
Retirees & Beneficiaries: (916) 326-3970
 - *Dental Program: (916) 324-0525/CALNET - 454-0525
 - *Employee Assistance Program - Merit Behavioral Care (MBC): 1-800-632-7422
 - *FlexElect Program: (916) 327-6429/CALNET - 467-6429
 - *Merit Award Board: (916) 324-0520/CALNET - 454-0520
 - *Safety Program: (916) 327-1439/CALNET - 467-1439
 - *FAX Numbers (TDD) (any unit in DPA): (916) 327-4266/CALNET - 467-4266
 - *Savings Plus Program: 1-800-821-5000 or (916) 322-5070/CALNET - 492-5070
Saveplus@dpa.gov
FAX: (916) 327-1885/CALNET - 461-1885
 - *Vision Service Plan: 1-800-622-7444 or (916) 851-5000
 - *Workers' Comp Program: (916) 445-9792/CALNET - 485-9192

