



Fideicomiso del Sistema de Retiro UPR

DEATH BENEFIT PAYMENT APPLICATION

SIGN WITH BLUE INK

CLAIMANT INFORMATION			
Name	Initial	Last Name	Social Security Number
Cell Phone Number	Alternate Phone Number	Work Phone Number	Relationship
Postal Address		Home Address	
_____		_____	
_____		_____	
_____		_____	
Email _____			
INFORMATION ABOUT THE DECEASED RETIREE			
Name	Initial	Last Name	Social Security Number
Date of death		Cause of death	
Claimant Signature _____			Date _____

NOTE:

**You must include a copy of the Beneficiary's ID card.
(copy of Driver's License or Signed Passport)**

SIGN WITH BLUE INK

"We are an employer with equal opportunities in employment and we do not discriminate based on race, color, sex, age, social or national origin, social condition, political affiliation, political or religious ideas: for being a victim or being perceived as a victim of domestic violence, sexual assault or stalking, regardless of marital status, sexual orientation, gender identity or immigration status: due to physical or mental impairment or both due to veteran status or genetic information."

Employer with Equal Employment Opportunity M/M/V/I



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Instructions on how to fill in the document

1. In the section where it refers to the Name you must fill your name.
2. In the section where it refers to the Last Name you must fill last name.
3. In the section where it refers to the Social Security Number you must fill your social security number.
4. In the section where it refers to the Home Phone Number you must fill your home phone Number.
5. In the section where it refers to the Relationship you must fill your relationship with the deceased participant.
6. In the section where it refers to the Postal Address and Home Address you must fill your postal address and home address.
 - Now you must fill up the information about the deceased participant.
7. In the section where it refers to the Name of deceased retiree you must fill the name of deceased participant.
8. In the section where it refers to the First Name of the deceased retiree and Last Name of the deceased retiree you must fill the first name and last name of the deceased participant.
9. In the section where it refers to the Social Security Number you must fill the social security number of the deceased participant.
10. In the section where it refers to the Date of death and Cause of death you must fill the date of death and explain the cause of death of the deceased participant.
11. Include identification with photo and signature (e.g. driver's license, PR public works ID, copy of signed passport)

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