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SURVIVOR BENEFITS STUDENT RECIPIENT CERTIFICATION

Name of Deceased Member: _____

Name of Student: _____

Name of School: _____

School Address: _____

Anticipated Graduation Date: _____

By completing this form, I am certifying the following:

1. I am the beneficiary of the above-named deceased member of MainePERS and am eligible to receive Survivor Benefit Payments.
2. I am unmarried and in full-time attendance at the school listed above.
3. I will immediately notify MainePERS if I experience any change in my status, including marriage, graduation, suspension, expulsion, or other cause of voluntary or involuntary non-attendance at the above school.
4. I agree to reimburse MainePERS for benefits paid to me to which I am not entitled as a result of my no longer meeting eligibility requirements.
5. The foregoing statements are true to the best of my knowledge and belief.

I understand and acknowledge that copies of the following documents must be provided to MainePERS before any benefits will be paid:

1. Letter of acceptance from my post-secondary school (first year only)
2. Transcript or schedule of courses for which I am enrolled, printed directly from my school's website

Home Mailing Address:

Telephone No.

Signature

Email Address:
