

DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND

**ANNUAL CERTIFICATION OF SURVIVING SPOUSE’S RECORDS**

**PART A:** (To be completed by the surviving spouse receiving a monthly pension benefit)

**Pensioner’s Name:** \_\_\_\_\_ [ ]  
(Surviving Spouse) Full Name (Print) Last 4 of SS#

**Address:** \_\_\_\_\_  
Street Address Apt. # (if applicable)  
\_\_\_\_\_  
City State Zip

**Phone #:** \_\_\_\_\_  
Home # Cell #

**Original Pensioner:** \_\_\_\_\_ [ ]  
(Deceased Participant) Full Name (Print) Last 4 of SS#

**PART B:**

- |   | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|---|--------------------------|--------------------------|
| 1. Is the address you listed above a <b>NEW</b> address that you would like us to update?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently receiving your spouse’s pension from <b>Division 1181</b> ?<br>If <b>YES</b> , disregard question 3, sign and date, and return to the Fund Office.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the surviving spouse who had been receiving benefits recently passed away?<br>If <b>YES</b> , please answer A-D below & return this form with a copy of the death certificate. | <input type="checkbox"/> | <input type="checkbox"/> |

- a. **Date of Death:** \_\_\_\_\_
- b. **Information provided by:** \_\_\_\_\_
- c. **Relationship to Deceased:** \_\_\_\_\_
- d. **Your phone #:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date