

## **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:**

\_\_\_\_\_