

(Please print your name)

Information For Your Records

1. Your full Legal name: _____

2. Address: _____

3. Birth date: _____

Birthplace: _____

4. Social Security Number: _____

5. Occupation: _____

6. Employer: _____

7. Father's Name: _____

Father's Birthplace: _____

8. Mother's Maiden Name: _____

Mother's Birthplace: _____

9. Marital Status: _____

Names of relatives and friends to be notified:

1. _____

Ph: _____

2. _____

Ph: _____

3. _____

Ph: _____

PLEASE KEEP CONFIDENTIAL INFORMATION IN A SECURE LOCATION

Water & Power Employees' Retirement Plan
111 N. Hope Street, Room 357
Los Angeles, CA 90012

Phone: 213-367-1712 or toll free 800-367-7164

Fax: 213-367-1891

E-mail: retire@ladwp.com

retirement.ladwp.com

07/11/12



DEATH BENEFIT INFORMATION



IMPORTANT NUMBERS

1. Retirement Office Death Benefit Section

111 N. Hope Street, Rm. 357
Los Angeles CA 90012
Ph: 213-367-1721

2. LADWP-Health Plans Office

213-367-2023 or 800-831-4778

3. Employee Assistance Program (EAP)

888-439-7327

4. Credit Union

Ph: 213-580-1600

5. LADWP

Employees Association

111 N. Hope Street, Rm. A-17

Los Angeles Ca 90012

Ph: 213-367-3146

6. City Employees Club of Los Angeles (LACEA)

311 S. Spring Street, Suite 1300

Los Angeles, CA 90013

Ph: 213-620-0388 or 800-464-0452

7. Social Security Information

Ph: 800-722-1213

8. Great West Life-Deferred Compensation

Ph: 888-457-9460

9. Life Insurance Policies-Issued by Private

Companies : _____

10. Union Affiliations

IBEW, Local 18 Ph: 213-387-8274

SEIU Local 721: 213-738-8433

MEA: 818-771-4231

11. All City Employees Benefits Service Asso. (ACEBSA) Ph: 213-485-2485



Required Retirement Office Documents



Certified Death Certificate

Valid Identification

(Should have picture, description, and signature)

Certified Marriage License or Domestic Partnership form (if applicable)

Social Security Numbers:

 Certified Birth Certificates or other proofs of birth (if applicable):

 Will or Trust Document (if applicable):

Location: _____

Other Documents that may be required by other Agencies

Membership cards and/or account numbers:

1. _____

2. _____

3. _____

Veteran Benefits Ph: 800-827-1000

Military discharge papers:

 Military Benefits:

 Insurance Policies:

Death Benefits

Insured-Life Death Benefit : If your death occurs while you are an active Full Member of the Plan, your beneficiary will receive:

- 14 times your full-time monthly salary (half of this amount for Half-Time Civil Service Employees)
- Your Retirement Fund contributions plus accrued interest
- Any unpaid disability benefits that were due

If your death occurs after retirement, your beneficiary will receive:

- 14 times your Full Retirement Allowance (to a maximum of \$20,000), if you were employed by the Department for at least five years
- Any unpaid retirement allowance due

***For more information on Survivor's Optional Death Benefit Allowance, Family Death Benefit Allowance, and Supplemental Family Death Benefit Allowance contact the Retirement Office.**

