

**REQUIRED**

Member Number: G or E

New applicants should leave this blank.

**REQUIRED**Last 4 Digits  
of SSN**REQUIRED**Employee  
Identification Number**BERS**Board of Education  
Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

This form can be submitted via our document upload link on [nycbers.org](https://nycbers.org).  
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

**CERTIFICATION OF ATTENDANCE AT WORK LOCATION**

This form should be completed by the decedent's supervisor, manager, personnel officer, or other authorized officer of the decedent's employer.

The eligible beneficiary of BERS member/retiree \_\_\_\_\_  
(name of decedent) has applied for a COVID-19 death benefit under Chapter 89 of the Laws of 2020. In order to be eligible for this benefit, the eligible beneficiary must provide proof that the decedent reported in person at the direction of their employer to their usual work location or to an alternate work location (provided that such alternate work location is not the decedent's residence) on or after 03/01/2020.

Name of Supervisor, Manager, or Personnel Officer:

Telephone Number

Email Address

Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
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Agency

Office or Department

<input type="text"/>	<input type="text"/>
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Address

OFFICIAL DATE OF RECEIPT

According to our records, \_\_\_\_\_ (name of decedent)  
last reported to the work location at \_\_\_\_\_ (address  
of work location), as required by the employing Agency, on \_\_\_\_\_ (date).

I acknowledge and certify that this representation is accurate to the best of my knowledge.

Name: \_\_\_\_\_

**Signature**

**REQUIRED**

Date \_\_\_\_\_

Pursuant to the Penal Code of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by a maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred for investigation.



**CERTIFICATION OF ATTENDANCE AT WORK LOCATION**