

**REQUIRED**

Member Number: G or E  
New applicants should leave this blank.

**REQUIRED**

Last 4 Digits  
of SSN

**REQUIRED**

Employee  
Identification Number



Board of Education  
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965

--	--	--

You may submit this form via fax to (718) 935-4124 or (718) 935-3830.

**COMPLETE THIS FORM TO CLAIM A COVID-19 DEATH BENEFIT**

Member's Name	M.I.	Last Name

Member's Last Residence

Date of Birth	Date of Death
MM / DD / YYY	MM / DD / YYYY

OFFICIAL DATE OF RECEIPT

<b>BERS USE ONLY</b>
Processing Date

**IN WHAT CAPACITY IS THIS CLAIM FILED?**

Please check one:  Beneficiary  Guardian

Relationship to Deceased	Gender.

Your Name	M.I.	Last Name

Your Mailing Address	Your Apt. No.

Your City	Your State	Your Zip Code

Your Telephone Number	<b>REQUIRED-</b> Your Email Address
Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	

Beneficiary Date of Birth	Beneficiary Social Security Number
MM / DD / YYY	

**CLAIMANT STATEMENT - COVID-19 DEATH BENEFIT**



REQUIRED

Member Number: G or E  
New applicants should leave this blank.

REQUIRED

Last 4 Digits  
of SSN

REQUIRED

Employee  
Identification Number

--	--	--



Board of Education  
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965

GUARDIAN

A certificate of appointment dated not more than 90 days prior to the filing of this claim is hereby attached.

If this affidavit is signed outside of the State of New York, a County Clerk's certificate must be attached to this document showing that the official who took the acknowledgement was duly authorized to do so. Attestation made outside the U.S. must be executed before an American Consul.

I have reviewed the Eligible Beneficiary information contained on pages 3 and 4 of this document. I certify that I am the eligible beneficiary entitled to collect this benefit under the law, and that to the best of my knowledge, no other person has a higher priority claim than my own. If there are other eligible beneficiaries whose claim to collect this benefit is equal to mine, I have informed BERS accordingly and provided their contact information to the best of my knowledge. Should I later become ineligible to continue receiving this benefit, I will notify BERS promptly.

I understand that 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.

Signature

REQUIRED \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_\_

personally appeared before me the said \_\_\_\_\_

to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

\_\_\_\_\_  
*Signature of Notary Public or Commissioner of Deeds*

Affix official seal in the box below



<b>REQUIRED</b> Member Number: G or E <small>New applicants should leave this blank.</small>	<b>REQUIRED</b> Last 4 Digits of SSN	<b>REQUIRED</b> Employee Identification Number

Board of Education  
Retirement System  
**MAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965**

**INFORMATION ABOUT THE COVID-19 DEATH BENEFIT**

Chapter 89 of the Laws of 2020 created a special COVID-19 death benefit in cases where the novel coronavirus ("COVID-19") caused or contributed to the death of a member (or, in more limited circumstances, of a retiree).

**Eligibility Requirements**

For a member who died in active service, the requirements for the COVID-19 death benefit are as follows:

1. The member must have reported to their usual work location or to an alternate work location (but not including working from home), on the orders of their employer, on or after 03/01/2020;
2. The member must have contracted COVID-19 within 45 days of reporting to work, as evidenced by either a positive laboratory test or as diagnosed by a physician, nurse practitioner, or physician’s assistant;
3. The member must have died on or before 12/31/2024; and
4. COVID-19 must have caused or contributed to the member’s death, as evidenced by either a death certificate showing the cause of death or as certified by a physician, nurse practitioner, or physician’s assistant.

A member who has retired either for service or for disability will be covered if all the above requirements are met, and in addition:

5. The date of retirement must fall on or after 03/01/2020 and no later than 06/30/2020; and
6. The eligible beneficiary applies within 90 days after the member’s retirement date to request the conversion of the service or disability retirement into a COVID-19 death benefit.

For items 2 and 4 above, the medical professional certifying the diagnosis and/or the cause of death must be a licensed, certified, registered or authorized physician, nurse practitioner, or physician’s assistant currently in good standing in any state or the District of Columbia, or a physician, nurse practitioner, or physician’s assistant authorized to practice in New York by Executive Order during the declared COVID-19 State of Emergency.

**What Documentation Is Required?**

To claim this benefit, the eligible beneficiary must present, in addition to this Claimant Statement, adequate documentation to prove all the Eligibility Requirements above. In all cases, this must include at a minimum (a) a **Certification of Attendance at Work Location**, which must be completed by the employer of the decedent, and (b) an original **death certificate**. Note that, when requesting a death certificate, you should always request a death certificate **showing the cause of death**. If the death certificate displays the cause of death as being COVID-19, and if the date of death falls within 45 days of the decedent’s last day of attendance at their work location, then it may be possible to proceed without further documentation. Otherwise, additional documents are required to support this application.

If the **death certificate does not show COVID-19 as the cause of death**, then BERS will require separate proof that COVID-19 caused or contributed to the decedent’s death. This should take the form of a **Certification of COVID-19 Diagnosis and/or Cause of Death** form, which BERS can provide.

If the decedent’s **death is more than 45 days after their last attendance at their place of work**, then BERS will require proof that the decedent was diagnosed with COVID-19 no more than 45 days after their last attendance at their place of work. This should take the form of a **Certification of COVID-19 Diagnosis and/or Cause of Death** form, which BERS can provide, by a lab test, or by other medical documentation that clearly indicates the date of diagnosis.

*(Cont’d)*



<b>REQUIRED</b> Member Number: G or E <small>New applicants should leave this blank.</small>	<b>REQUIRED</b> Last 4 Digits of SSN	<b>REQUIRED</b> Employee Identification Number

Board of Education  
Retirement System  
**MAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965**

### Who Is the Eligible Beneficiary?

This benefit is payable to the eligible beneficiary. Under the statutes governing Tier 3, 4 and 6 members, the eligible beneficiary of a deceased member is, in order of priority:

1. A surviving spouse who has not renounced survivorship rights in a separation agreement, until remarriage; or
2. Surviving children until age twenty-five; or
3. Dependent parents; or
4. Any other person who qualified as a dependent on the decedent's last tax return filed in the year immediately preceding the year of death, until age twenty-one; or
5. The member's designated beneficiary/ies.

The annuity continues as long as there remains at least one person living eligible to receive the benefit.

### How Is This Benefit Calculated?

The COVID-19 death benefit is paid in the form of an annuity, and calculated in precisely the same way as any other accidental death benefit. The benefit is equal to 50% of the wages earned during the member's last year of service. For retirees, the benefit will be calculated as though the member had died on the date of retirement.

The COVID-19 death benefit takes the place of any other QPP death benefit payable by BERS. If an eligible beneficiary is receiving the COVID-19 death benefit, no other QPP death benefits should be paid out, including post-retirement death benefits. In the event a QPP death benefit has already been paid to a designated beneficiary who is also the eligible beneficiary, that portion of the QPP death benefit paid to the eligible beneficiary will be credited against the COVID-19 death benefit payable. However, if the member selected an option at retirement, the COVID-19 death benefit will first be reduced by the amount of the option.

### Can the Eligible Beneficiary Disclaim this Benefit?

In some cases, the eligible beneficiary may not wish to claim the COVID-19 death benefit. This may happen in cases where the eligible beneficiary is also the designated beneficiary and would prefer to receive the ordinary death benefit, or in cases where the eligible beneficiary does not want the annuity and wishes for the designated beneficiary/ies to receive the ordinary death benefit instead. In such cases, the eligible beneficiary may disclaim the COVID-19 death benefit.

In all cases where staff have been informed that the COVID-19 death benefit is applicable, the eligible beneficiary must be afforded the opportunity to claim or disclaim the COVID-19 death benefit. BERS will provide an appropriate disclaimer form upon request.

