

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM SB-LODD: APPLICATION FOR LINE OF DUTY DEATH BENEFIT
PLEASE INCLUDE A PHOTOCOPY OF THE APPLICANT'S DRIVER'S LICENSE OR STATE ID.

1. MEMBER INFORMATION (DECEDENT)	
NAME (Last, First, MI)	
DEPARTMENT	
DATE OF DEATH	

2. APPLICANT FOR ON-DUTY DEATH BENEFIT AND SURVIVOR ANNUITY	
BENEFICIARY NAME (Last, First, MI)	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
MAILING ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
ARE YOU THE SURVIVING SPOUSE? (YES/NO)	
COPY OF PHOTO ID ATTACHED? (YES/NO)	

3. LUMP-SUM BENEFIT		
LUMP-SUM DISTRIBUTION AMOUNT	PERCENTAGE OF LUMP-SUM AMOUNT AWARDED TO BENEFICIARY	BENEFIT AMOUNT
\$100,000		

4. APPROVAL BY THE BENEFICIARY (OR GUARDIAN OF MINOR CHILD)		
I am the beneficiary (or guardian of a beneficiary who is a minor child) and I agree the benefit amount stated above is correct.		
Applicant's Signature	Applicant's Name	Signature Date
X		

5. APPROVAL BY THE CHIEF/ DESIGNATED PARTICIPATING DEPARTMENT HEAD		
I certify that the member died as the result of performing emergency or support services.		
Chief's/ Designated Participating Department Head Signature	Printed Name	Signature Date
X		

6. APPROVAL BY THE OFFICER PRESIDING OVER THE LOCAL BOARD MEETING		
I certify that the local board met on the date indicated below in a posted open meeting and approved the award of the benefit indicated above and that a record of this action is reflected in the minutes of the meeting.		
Board Meeting Date		
Does the Local Board certify that the member died as a result of performing emergency services or support services? (Yes/No)		
Presiding Officer's Signature,	Presiding Officer's Name	Signature Date
X		

7. EXECUTIVE DIRECTOR'S APPROVAL		
Executive Director's Signature	Executive Director's Name	Signature Date
X		