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Website – <https://oregon.gov/pers>



## Deceased Member Benefit Inquiry

Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.

### Section A: Deceased member information

Deceased first name	Deceased MI	Deceased last name	Deceased PERS ID
Deceased date of birth (mm/dd/yyyy)	Deceased date of death (mm/dd/yyyy)		Deceased Social Security number (SSN)*

### Section B: Your information

First name	MI	Last name	Date of birth (mm/dd/yyyy)
Relationship to deceased member			
Mailing address (street or PO box)			
City	State	ZIP code	Country
Home phone number	Work phone number	Cell phone number	Personal email

### Section C: Estate representative information

Complete this section if an estate was opened for the deceased member.

Estate representative first name	MI	Estate representative last name	<input type="checkbox"/> Simple estate
Estate name			<input type="checkbox"/> Open probated estate
			<input type="checkbox"/> Closed probated estate
Mailing address (street or PO box)			
City	State	ZIP code	Country
Home phone number	Work phone number	Cell phone number	Personal email

### Section D: Signature

Signature (do not print)

Date

I hereby declare the above information is true to the best of my knowledge and belief, and I understand it may be used as evidence in court and is subject to penalty for perjury.

\*Providing the member's Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply the member's SSN, it could take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling 888-320-7377 or TTY 503-603-7766.

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