
 NEW YORK STATE	Corrections and Community Supervision DIRECTIVE	TITLE Processing Employee Death Benefits		NO. 2210 DATE 12/01/2020
		SUPERSEDES DIR. #2210 Dtd. 07/15/2015	DISTRIBUTION A	PAGES PAGE 1 OF 2
REFERENCES (Include but are not limited to)		APPROVING AUTHORITY 		

I. DESCRIPTION: In the event of the death of an employee in active State service, the decedent's beneficiary or estate is entitled to certain benefits. This directive provides information about responsibility for notification.

II. PROCEDURE

- A. Personnel Office: When notified of an employee's death, the Personnel Office at the correctional facility for facility staff or Central Office Personnel for Central Office, Community Supervision, and Board of Parole employees shall:
1. Enter the appropriate transaction on the computerized NYS Electronic Personnel System (NYSTEP);
 2. Send a letter to the decedent's family;
 - a. Include the booklet, Information for Survivors, which describes State and non-State related benefits that may be available to the decedent's family, as well as information regarding continuation of insurance for dependents;
 - b. Explain specific benefits available to decedent's dependents;
 - c. Request the survivor to complete two copies of [Form #AC-934](#), "Next of Kin Affidavit," and to return them to the Payroll Unit at the facility or the Central Office Payroll Office; and
 - d. Request the decedent's family to obtain a certified copy of the death certificate and forward it to the Personnel Office at the facility or the Central Office Bureau of Personnel. Forward a copy to the Payroll Office for processing with [Form #AC-1476-P](#), "Report of Check Exchange."
 3. Notify the Payroll Unit to make appropriate accounting of wages due to the decedent;
 4. If the death occurred as the result of the performance of the decedent's duties, notify the Central Office Bureau of Personnel. In addition, Form #C-2, "Employer's Report of Injury," must be completed by the Personnel Office and forwarded to Central Office Bureau of Personnel (refer to Section II-B for more information);
 5. Return personal effects, other than un-cashed checks, to the survivor and inquire as to any official material that may be in their possession;
 6. Contact the NYS Employees' Retirement System to notify them of the employee death. In addition, complete [Form #RS-6082](#), "Notification of Death," and forward it to the NYS Employees' Retirement System, Survivor's Benefit Program;

7. Determine if the decedent was a member of CSEA, PEF, NYSCOPBA, or Council 82 and notify the appropriate organization of the employee's death; and
 8. If the decedent was Management/Confidential, determine if group life insurance was carried.
 - a. If "Yes," request an M/C Life claim form from the Department of Civil Service.
 - b. In correspondence with the survivor, indicate that the completed form and a certified copy of the death certificate must be submitted to:

New York State Department of Civil Service
Employees Benefits Division
M/C Life
Empire State Plaza, Agency Building 1
Albany, New York 12239
- B. Central Office Bureau of Personnel: If an employee death has resulted from performance of duties, the Central Office Bureau of Personnel shall:
1. Notify the State Labor Department within 24 hours, then notify the State Insurance Fund;
 2. Upon receipt of a completed Form #C-2, "Employer's Report of Injury," from a local Personnel Office, review the report of the incident surrounding the employee's death, the names of witnesses, etc.; and
 3. If the death occurred as the result of personal injury sustained in the line of duty and if the employee meets the Bureau of Justice Assistance's definition of a "Public Safety Officer," contact the Bureau's Public Safety Officers' Benefits Program Office in Washington to obtain necessary claim forms and information regarding this program online at <https://www.psob.gov/> or by phone (1-888-744-6513).

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

NEXT OF KIN AFFIDAVIT

State of New York

City of _____

County of _____

State of New York

Office of the State Comptroller

Employee's Name _____

Last 4 Digits of Employee's SSN _____

_____, being duly sworn, deposes and says:

1. That she/he resides at _____,

Town of _____

Village of _____,

City of _____

In the county of _____ and State of _____;

2. That no Executor, Administrator or fiduciary of the estate of said decedent has qualified or been appointed.

3. That she/he is the ☐ surviving spouse.

That the affiant herein is informed and believes that the sum of \$_____ was due and owing the decedent from the State of New York at the time of the decedent's death for _____ and that this payment and all other payments made pursuant to Section 1310 of the Surrogate's Court Procedure Act by all debtors, known to the affiant after diligent inquiry, do not in the aggregate exceed thirty thousand dollars (\$30,000). This section applies only within thirty (30) days of the death of the decedent.

4. That she/he is ☐ the surviving spouse☐ one or more of the children of the decedent, eighteen years of age or older☐ the father or mother☐ a brother or sister☐ a niece or nephew

Preference being given in the order named if request for payment shall have been made by more than one such person of the decedent

_____ who died on the _____ day of _____, 20_____.

That the following are the names and addresses of the persons entitled to and who will receive the money paid:

Name	Address	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

That the affiant herein is informed and believes that the sum of \$_____ was due and owing the decedent from the State of New York at the time of the decedent's death for _____ and that this payment and all other payments made pursuant to Section 1310 of the Surrogate's Court Procedure Act by all debtors, known to the affiant after diligent inquiry, do not in the aggregate exceed fifteen thousand dollars (\$15,000).

5. That the decedent had not, to affiant's knowledge, designated in writing a person to whom such debt shall be paid upon the decedent's death.

6. That this affidavit is made for the purpose of directing payment of the said debt to:

☐ the affiant, or

☐ _____, pursuant to SCPA Section 1310(3) (f), a creditor of the decedent or person who has paid or incurred the funeral expense of the decedent, not to exceed \$5,000 (SCPA §1310(4)), upon the request of the surviving spouse or of one of the above-named relatives and \$_____ remains to be reimbursed to such person.

7. Any person receiving payment is accountable to the fiduciary of the decedent (including a public administrator) if a fiduciary is later appointed for the decedent's estate.

Subscribed and sworn to before me on

this _____ day of _____, 20_____.

Signature of Affiant_____
Social Security Number_____
Notary Public-Commissioner of Deeds

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

REPORT OF CHECK EXCHANGE
See Instructions on Reverse Side

Agency: _____ Date: _____

Fiscal Officer: _____ Agency Code: _____

Reason for Exchange of Check	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Death of Payee (attach appropriate forms/letter) Incorrect Amount Incorrect Payee Name Other – Please explain: _____

Payee's Name As It Appears
on Paycheck: _____ Check No: _____

Employee's NYS EMPLID or full Tax ID #: _____ Check Date: _____

Amount of check returned by agency: \$ _____

Draw the following checks to:

(1) Commissioner of Taxation and Finance: (1) \$ _____

(2) Payee: _____ (2) \$ _____

Payee's SSN or Tax ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(3) Payee: _____ (3) \$ _____

Payee's SSN or Tax ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(4) Payee: _____ (4) \$ _____

Payee's SSN or Tax ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total: \$ _____
(Lines 1 thru 4)

FOR AGENCY USE ONLY	FOR OSC USE ONLY
Approved by: _____ Print or Type Name: _____ Signature: _____ Date: _____ Phone No. _____	Approved by: _____ Signature: _____ Date: _____

Instructions for Completing Report of Check Exchange

- 1.** A separate form AC 1476-P must be submitted for each check exchange requested.
- 2.** Enter agency's name, name of fiscal officer, date and agency code.
- 3.** Check the reason for the exchange in the block provided. If "Other" is checked, please note the reason in the space provided. If "Death of Payee" is the reason for the exchange, a Next of Kin Affidavit (AC 934-P) and a copy of the death certificate must accompany this form. If a check(s) is to be made payable to the Estate of an employee, a Letter of Administration or a Letter of Testamentary also must be attached.
- 4.** Enter the payee's name as it appears on the paycheck. Enter the employee's NYS EMPLID or the full Tax Identification number (TIN), check number and check date. Please note that the Form AC 1476-P will not be processed without a NYS EMPLID or TIN.
- 5.** Enter the amount of the check being returned by the agency.
- 6.** Use line (1) when a check is drawn to the Commissioner of Taxation and Finance for the difference between the exchange check and the original check. On line (2), complete the Name, Social Security or Tax Identification number and the amount of the exchange check to be issued to the new payee. If necessary, lines (3) & (4) may be used for additional payees with Social Security or Tax Identification numbers and addresses.
- 7.** FOR AGENCY USE ONLY block: This is to be completed by the agency personnel submitting the form. Please date, sign and provide a telephone number.
- 8.** Submit form to: Office of the State Comptroller, Remittance Control,
110 State Street, 2nd Floor, Albany, NY 12236.

Received Date

Notification of Death

Please type or print clearly
in blue or black ink

RS 6082

(Rev. 10/18)

Deceased NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Deceased

Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one]

Employees' Retirement System (ERS) ☐

Police and Fire' Retirement System (PFRS) ☐

A copy of this form should be completed and forwarded to the New York State and Local Employee's Retirement System and/or the New York State and Local Police and Fire Retirement System whenever an employee dies. This will enable us to avoid needless delay in initiating payment of benefits to the member's beneficiary.

Name of Deceased: (First, Middle Initial, Last)

Date of Death:

Name and Address of Nearest Relative: (If known)

Member's Last Known Address:

Member's Payroll Status (please print)

On Payroll and Receiving Salary: ☐ Yes ☐ No

Last Date of Work For Which Salary Was Earned:

If no, explain:

Did the member have an accident on the job which may have led to death?

☐ Yes ☐ No (If the answer is yes, please send a copy of Workers' Compensation papers or a description of the accident.)

Name of Employer:

Employer's Telephone Number: (Including Area Code)

Name and Title of Notifier:

For Retirement System Use Only:

Employer Location Code: _____ Number of First Letter: _____ Number of Payment Letter: _____

Beneficiary Information:

Name:	Name:	Name:
Street:	Street:	Street:
City, State, and Zip Code:	City, State, and Zip Code:	City, State, and Zip Code:
Name:	Name:	Name:
Street:	Street:	Street:
City, State, and Zip Code:	City, State, and Zip Code:	City, State, and Zip Code:

