

(Please print your name)

Information For Your Records

1. Your full Legal name: _____

2. Address: _____

3. Birth date: _____

Birthplace: _____

4. Social Security Number: _____

5. Occupation: _____

6. Employer: _____

7. Father's Name: _____

Father's Birthplace: _____

8. Mother's Maiden Name: _____

Mother's Birthplace: _____

9. Marital Status: _____

Names of relatives and friends to be notified:

1. _____

Ph: _____

2. _____

Ph: _____

3. _____

Ph: _____

PLEASE KEEP CONFIDENTIAL INFORMATION IN A SECURE LOCATION

Water & Power Employees' Retirement Plan
111 N. Hope Street, Room 357
Los Angeles, CA 90012

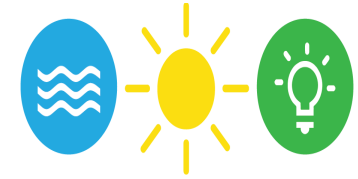
Phone: 213-367-1712 or toll free 800-367-7164

Fax: 213-367-1891

E-mail: retire@ladwp.com

retirement.ladwp.com

04/28/2021



WATER AND POWER EMPLOYEES' RETIREMENT PLAN

DEATH BENEFIT INFORMATION



111 North Hope Street, Room 357
Los Angeles, CA 90012
(800) 367-7164

<https://retirement.ladwp.com>

IMPORTANT NUMBERS

1. Retirement Office

111 North Hope Street, Room 357
Los Angeles, CA 90012
Website: <https://retirement.ladwp.com>
Email: retire@ladwp.com

Death Benefit Sections
(213) 367-1721 or (213) 367-1715

Bereavement Counselor
(213) 367-4701

2. LADWP-Health Plans Office

(213) 367-2023 or (800) 831-4778

3. LADWP-Payroll Office (Active Employees)

(213) 367-1106

4. Employee Assistance Program (EAP)

(888-439-7327)

5. LADWP Employees Association

(213) 367-3146

6. Water and Power Community Credit Union

(213) 580-1600

7. Deferred Compensation

(213) 978-1601

8. City Employees Club (LACEA)

(213) 620-0388 or (800) 464-0452

9. All City Employees Association (ACEBSA)

(213) 485-2485

10. Social Security Administration

(800) 772-1213



11. Union Affiliations

IBEW Local 18: (213) 387-8274

MEA: (818) 771-4127

12. Other Private Life Insurance Policies

Required Retirement Office Documents



Certified Death Certificate

Valid Identification

(Should have picture, description, and signature)

Certified Marriage License or Domestic Partnership form (if applicable)

Social Security Numbers:

 Certified Birth Certificates or other proofs of birth (if applicable):

Will or Trust Document (if applicable):

Location: _____

Other Documents that may be required by other Agencies

Membership cards and/or account numbers:

1. _____

2. _____

3. _____

Veteran Benefits Ph: 800-827-1000

Military discharge papers:

Military Benefits:

Insurance Policies:

Death Benefits

Insured-Life Death Benefit : If your death occurs while you are an active Full Member of the Plan, your beneficiary will receive:

- 14 times your full-time monthly salary (half of this amount for Half-Time Civil Service Employees)
- Your Retirement Fund contributions plus accrued interest
- Any unpaid disability benefits that were due

If your death occurs after retirement, your beneficiary will receive:

- 14 times your Full Retirement Allowance (to a maximum of \$20,000), if you were employed by the Department for at least five years
- Any unpaid retirement allowance due

***For more information on Survivor's Optional Death Benefit Allowance, Eligible Spouse/ Domestic Partner Allowance, Family Death Benefit Allowance, and Supplemental Family Death Benefit Allowance contact the Retirement Office.**



"We should all be concerned about the future because we will have to spend the rest of our lives there"

-Author Unknown