



CONFIRMATION OF FULL-TIME STUDENT STATUS FOR SURVIVOR CHILD PAYEES

State Form 55949 (R5 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this document cannot be processed without it.

INSTRUCTIONS

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. A separate State Form 55949 must be completed, signed, dated, and submitted for each school term not to exceed 12 months.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
5. Questions? Call customer service, toll-free, at (844) GO-INPRS Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Member's name <i>(full name)</i>	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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SURVIVOR PAYEE INFORMATION

Survivor's name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number	
Address <i>(number and street)</i>	City	State	ZIP Code
E-mail address	Telephone number with area code	Other telephone number with area code	

SURVIVOR AFFIDAVIT

As a surviving child beneficiary payee under the provisions of the 1977 Police Officers' and Firefighters' Pension and Disability Fund, I understand that my survivor benefit payments from the ages of 18 to 22 are contingent upon confirmation that I am either enrolled in and regularly attending a secondary school, or a full-time student at an accredited college or university. I also understand that my benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature	Date <i>(mm/dd/yyyy)</i>
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EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this section, official documentation on school letterhead may be accepted. Example: transcript including term start and end dates.

Name of educational institution			
Type of educational institution	Beginning date of term <i>(mm/dd/yyyy)</i>	Ending date of term <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/> Secondary School <input type="checkbox"/> Accredited College or University			
City		State	ZIP Code
I certify that the survivor payee named on this form is enrolled as a full-time student for the term listed above.			
Signature of principal, registrar, or other school official			Date <i>(mm/dd/yyyy)</i>
Name <i>(printed)</i>	Title		

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Entry field	Field description
DECEASED MEMBER INFORMATION	
Deceased member's name	Enter the complete name of the deceased member
Social Security number*	Enter the last 4 digits of the deceased member's Social Security number*
Pension ID (PID) number	Enter the deceased member's Pension ID (PID) number, if known.
SURVIVOR PAYEE INFORMATION	
Survivor's name	Enter the complete name of the survivor payee.
Social Security number*	Enter the last 4 digits of the survivor payee's Social Security number*
Pension ID (PID) number	Enter the survivor payee's Pension ID (PID) number, if known.
Address, City, State, ZIP Code	Enter the survivor payee's mailing address.
E-mail address	Enter the survivor payee's e-mail address, if applicable
Telephone number/Other telephone number	Enter telephone numbers including area codes for the survivor payee.
EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION	
<i>In lieu of completing this section, an official school document, such as a transcript, may be attached to this form.</i>	
Beginning and ending dates of term	Enter the beginning and ending dates for the survivor payee's school term.
Authorized agent's signature and date	The authorized agent of the educational institution must sign and date this section of the form; format = mm/dd/yyyy.
Authorized agent's name and title	Type or print the name and title of the signing authorized agent.

CHANGES TO INFORMATION: If you have any changes to the information on this form such as name or address, contact Customer Service, toll-free at (844) GO-INPRS. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

HELPFUL INFORMATION			
	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor