



1977 POLICE OFFICERS' & FIREFIGHTERS' FUND CONFIRMATION OF FULL-TIME STUDENT STATUS FOR SURVIVOR CHILD PAYEES

State Form 55949 (R6 / 12-24)

**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.

DECEASED MEMBER INFORMATION

| | | |
|-------------------------|---|-------------------------|
| Member name (full name) | Social Security number (last 4 digits)* | Pension ID (PID) number |
|-------------------------|---|-------------------------|

SURVIVOR PAYEE INFORMATION

| | | | |
|-----------------------------|---|---------------------------------------|----------|
| Survivor name | Social Security number (last 4 digits)* | Pension ID (PID) number | |
| Address (number and street) | 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 signature | Date (mm/dd/yyyy) |
|--------------------|-------------------|

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 <input type="checkbox"/> Secondary School <input type="checkbox"/> Accredited College or University | Beginning date of term (mm/dd/yyyy) | Ending date of term (mm/dd/yyyy) | |
| 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 (mm/dd/yyyy) |
| Name (printed) | Title | | |

**INSTRUCTIONS FOR
1977 POLICE OFFICERS' & FIREFIGHTERS' FUND CONFIRMATION OF FULL-TIME STUDENT STATUS
FOR SURVIVOR CHILD PAYEES**

State Form 55949

IMPORTANT

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.
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| Entry field | Field description |
|---|---|
| DECEASED MEMBER INFORMATION | |
| Deceased member 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 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 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 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, 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 |