



**HERO'S HONOR ENROLLMENT FOR  
SPECIAL DEATH BENEFIT COVERAGE**

State Form 57192 (R / 10-23)  
Approved by State Board of Accounts, 2023

**INDIANA PUBLIC RETIREMENT SYSTEM**

One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 876-2707 (Toll-free)  
Fax: (317) 234-6692 (Toll-free)  
E-mail: [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

Date of request (mm/dd/yyyy)	
Calendar year	
Total # of covered individuals	

FOR INTERNAL USE ONLY	
Invoice #	
Invoice Date	

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without them.

**INSTRUCTIONS**

1. This form must be completed, signed, dated, and submitted annually to continue participation in the Hero's Honor Special Death Benefit.
2. To purchase Hero's Honor Special Death Benefit coverage, complete, sign, and date this form, and return it to the Indiana Public Retirement System (INPRS) at the address on this form.
3. **Any unit participating in the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund) with full time, fully paid Police Officers and Firefighters, already have this coverage.**
4. INPRS Finance prepares an invoice based on the number of employees listed in the COVERED INDIVIDUALS section of this form. Your payment is due within 30 days of invoicing. One-year coverage begins on the later of January 1 or the date your payment is received by INPRS. **Coverage is required for everyone in an eligible position.**
5. If someone on your staff separates from employment, you are required to notify INPRS of the replacement individual for that position (the replacement individual is covered through the remainder of the year by funds already paid).
6. If new staff is hired for a covered position, you are required to notify INPRS and will receive an invoice for any newly covered positions for the remainder of the year. Indicate in the COVERED INDIVIDUALS section of this form if you are replacing or adding new public safety officers to your staff.
7. If there are more than 45 covered individuals, include additional page(s) and include the Employer (ER) name and ER submission unit # (if applicable) at the top of each page continuing row count on each page.
8. The completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address shown on this form.
9. The agency is closed on weekends and holidays, including all State-designated holidays.
10. Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)

**1. POSITIONS COVERED BY STATUTE WITHOUT UNIT PURCHASING THE COVERAGE**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Assistant Emergency Management Director</li> <li>• City Police Officers/Firefighters – who are covered by pension plans, prior to the 1977 Fund, administered by local units</li> <li>• City / Town Police Reserve Officer</li> <li>• Community Corrections Officer</li> <li>• Conservation Enforcement Officer</li> <li>• Correctional Officer</li> <li>• County Coroner (effective as of July 1, 2023)</li> <li>• County Police Officer</li> <li>• County Police Reserve Officer</li> </ul> | <ul style="list-style-type: none"> <li>• County Sheriff</li> <li>• Deputy County Coroner (effective as of July 1, 2023)</li> <li>• Deputy Emergency Management Director</li> <li>• Deputy Town Marshal</li> <li>• Division Fire Investigator</li> <li>• A state educational institution police officer appointed under <a href="#">IC 21-39-4</a></li> <li>• Eligible Emergency Management worker</li> <li>• Employee of Indiana Department of Homeland Security</li> <li>• Excise Police Officer</li> </ul> | <ul style="list-style-type: none"> <li>• Firefighter Employed by a State University Fire Department</li> <li>• Gaming Agent</li> <li>• Gaming Control Officer</li> <li>• Member of the 1977 Police Officers' and Firefighters' Fund</li> <li>• Motor Carrier Inspector</li> <li>• Probation Officer</li> <li>• School Resource Officer – not otherwise entitled under the 1977 Fund, the 1953 Fund, or the 1925 Fund</li> <li>• State Police Officer</li> <li>• Town Marshal</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- A person who is: (a) employed by a political subdivision (as defined in [IC 36-1-2-13](#)); and (b) appointed as a special deputy under [IC 36-8-10-10.6](#).
  - A school corporation police officer appointed under [IC 20-26-16](#). This benefit applies to:

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2. POSITIONS REQUIRING PAYMENT FOR COVERAGE		
1. Chaplain eligible under <a href="#">IC 5-10-10-4.7</a>	4. Emergency medical service providers performing air ambulance services employed by a health care system affiliated with a state educational institution	6. Police officers employed by an operator**
2. Eligible emergency medical services provider	5. Police officers and firefighters* who work for post-secondary educational institutions (non-state)	7. Firefighters who work for a public use airport that maintains a fire department
3. Emergency medical service providers employed by a person who has contracted with a political subdivision		
*accredited by the North Central Association      **under <a href="#">IC 8-22-3-34(b)</a>		

EMPLOYER INFORMATION			
Employer (ER) name		ER submission unit # (if applicable)	
Contact name		Telephone number (with area code)	
Contact title	E-mail address		
Mailing address (number and street)	City	State	ZIP Code

## COVERED INDIVIDUALS

Enter the **Name**, **Position Number from Section 2**, and **Social Security Number\*** (last 4 digits) for all covered employees. If a covered employee terminates and is replaced use this form and check **Replace**.  
 Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at [epa@inprs.in.gov](mailto:epa@inprs.in.gov).

	Name	Position Number from Section 2 (Select only one per line)	SSN* (last 4 digits)	Replace
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
10		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
11		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
12		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
13		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
14		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
15		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
16		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
17		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
18		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>

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Employer (ER) name	ER submission unit # (if applicable)
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<b>COVERED INDIVIDUALS (Continued)</b>				
	Name	Position Number from Section 2 (Select only one per line)	SSN* (last 4 digits)	Replace
19		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
20		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
21		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
22		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
23		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
24		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
25		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
26		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
27		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
28		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
29		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
30		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
31		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
32		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
33		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
34		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
35		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
36		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
37		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
38		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
39		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
40		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
41		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
42		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
43		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
44		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>
45		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		<input type="checkbox"/>

By submitting this completed, signed, and dated enrollment form you are certifying that your organization and covered individuals listed on this form are authorized by law to participate in this program.

**Authorized Signature**

Signature	Title	Printed Name	Date (mm/dd/yyyy)
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