



**HERO'S HONOR ENROLLMENT FOR
SPECIAL DEATH BENEFIT COVERAGE**
State Form 57192 (R2 / 11-24)

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
Web site: 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. Only employers of positions listed in Section 2 of this form are required to purchase coverage. Positions listed in Section 1 of this form are covered without charge.
3. 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. Calendar year coverage begins the later of January 1 or the date your payment is received by INPRS. **Coverage is required for everyone in an eligible position.**
4. 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).
5. 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.
6. 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.
7. The completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address shown on this form.
8. The agency is closed on weekends and holidays, including all State-designated holidays.
9. Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at eppa@inprs.in.gov.

1. POSITIONS COVERED BY STATUTE WITHOUT UNIT PURCHASING THE COVERAGE

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Assistant Emergency Management Director • Chaplain eligible under IC 5-10-10-4.7 • City Police Officers/Firefighters – who are covered by pension plans, prior to the 1977 Fund, administered by local units • City / Town Police Reserve Officer • Community Corrections Officer • Conservation Enforcement Officer • Correctional Officer • County Coroner (effective as of July 1, 2023) • County Police Officer • County Police Reserve Officer • County Sheriff • Deputy County Coroner (effective as of July 1, 2023) | <ul style="list-style-type: none"> • Deputy Emergency Management Director • Deputy Town Marshal • Division Fire Investigator • Eligible Emergency Management worker • Emergency medical service provider (as defined in IC 16-41-10-1) not identified in IC 5-10-10-4.8 or IC 5-10-10-4.9 who is employed by a political subdivision and not eligible for death benefit* (*See IC 5-10-10-4(14)) • Employee of Indiana Department of Homeland Security • Excise Police Officer • Firefighter Employed by a State University Fire Department • Gaming Agent • Gaming Control Officer | <ul style="list-style-type: none"> • Member of a consolidated law enforcement department established under IC 36-3-1-5.1 • Member of the 1977 Police Officers' and Firefighters' Fund • Motor Carrier Inspector • Probation Officer • School Resource Officer – not otherwise entitled under the 1977 Fund, the 1953 Fund, or the 1925 Fund • State educational institution police officer appointed under IC 21-39-4 • State Police Officer • Town Marshall |
|--|---|--|
- 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](#).

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2. POSITIONS REQUIRING PAYMENT FOR COVERAGE

- | | |
|--|---|
| 1. Emergency medical service providers employed by a person who has contracted with a political subdivision
2. Emergency medical service providers performing air ambulance services employed by a health care system affiliated with a state educational institution | 3. Police officers and firefighters* who work for post-secondary educational institutions (non-state)
4. Police officers employed by an operator**
5. Firefighters who work for a public use airport that maintains a fire department |
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*accredited by the North Central Association **under [IC 8-22-3-34\(b\)](#)

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 **Add Name**, **Position Number from Section 2**, **Social Security Number*** (last 4 digits), and **Date** (mm/dd/yyyy) for all employees listed herein. If a covered employee terminates and is replaced complete the **Remove Name** entry.

Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at eppa@inprs.in.gov.

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

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Employer (ER) name	ER submission unit # (if applicable)
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COVERED INDIVIDUALS (Continued)

Enter the **Add Name**, **Position Number from Section 2**, **Social Security Number*** (last 4 digits), and **Date** (mm/dd/yyyy) for all employees listed herein. If a covered employee terminates and is replaced complete the **Remove Name** entry.

Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at eppa@inprs.in.gov.

	Add Name	Position Number from Section 2 (Select only one per line)	SSN* (last 4 digits)	Remove Name	Date (mm/dd/yyyy)
20		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
21		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
22		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
23		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
24		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
25		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
26		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
27		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
28		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
29		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
30		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
31		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
32		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
33		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
34		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
35		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
36		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
37		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
38		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
39		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
40		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
41		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
42		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
43		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
44		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
45		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

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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Entry field	Field description
These items are completed by INPRS Finance.	
Date of request	Enter the date of the request. Format = mm/dd/yyyy.
Calendar year	Enter the calendar year covered by the request.
Total # of covered individuals	Enter the total number of covered individuals.
FOR INTERNAL USE ONLY	
Invoice #	Enter the invoice # issued by INPRS Finance.
Invoice Date	Enter the date of the invoice. Format = mm/dd/yyyy.
1. POSITIONS COVERED BY STATUTE WITHOUT UNIT PURCHASING THE COVERAGE	
The positions listed in this section are covered by the cited statutes and are covered without the employer unit purchasing the Hero's Honor coverage.	
2. POSITIONS REQUIRING PAYMENT FOR COVERAGE	
This is a list of covered positions that are not covered by the cited statutes and therefore require payment for the coverage.	
EMPLOYER INFORMATION	
Employer (ER) name	Enter the employer's name.
ER submission unit #	If applicable, enter the Employer Submission Unit #.
Contact name	Enter the contact name for the submission unit.
Telephone number	Enter the telephone number with area code for the contact.
Contact title	Enter the title associated with the contact name.
E-mail address	Enter the e-mail address for the contact or employer.
Mailing address	Enter the number and street of the mailing address.
City, State, ZIP Code	Enter the City, State, and ZIP Code for the mailing address.
COVERED INDIVIDUALS	
Enter the Add Name , Position Number from Section 2 , Social Security Number* (last 4 digits), and Date (mm/dd/yyyy) for all employees listed herein. If a covered employee terminates and is replaced complete the Remove Name entry. Questions? Contact INPRS toll-free at (888) 876-2707 or by e-mail at eppa@inprs.in.gov .	
Add Name	Enter the name of the covered individual being added.
Position Number from Section 2	Refer to section 2. POSITIONS REQUIRING PAYMENT FOR COVERAGE and check one item, 1-5.
SSN*	Enter the last 4 digits of the added covered individual's Social Security number.
Remove Name	Enter the name of the formerly covered individual being removed.
Date	Enter the date for this entry. Format = mm/dd/yyyy.
Authorized Signature	
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	
Signature	This form must be signed and dated by the authorized person.
Title	Enter the title of the authorized person.
Printed name	Enter the printed name of the authorized person.
Date	This form must be signed and dated by the authorized person. Format = mm/dd/yyyy.