



## DEATH REPORT

State Form 50790 (R10 / 7-24)

### INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (844) GO-INPRS (Toll-free)  
 Fax: (866) 232-3882 Fax (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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 form 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. Include an English translation of all foreign documents.
3. **Member's death certificate** is required for application for survivor benefits. This must bear the seal of the Medical Examiner or the Department of Health, a certified copy is acceptable.
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 or changes? Call customer service, toll-free, at (844) GO-INPRS Monday through Friday, 8 a.m. to 8 p.m. ET.

### FUND/PLAN/SYSTEM DESIGNATION

The employee/member named in this claim was a member the following fund/plan/system. (*Select only one.*) If unsure, contact customer service at (844) GO-INPRS.

- |  |  |
|--|--|
| <input type="checkbox"/> 1977 Police Officers' & Firefighters' Pension & Disability Fund   | <input type="checkbox"/> Motor Carrier Inspector/Special Police Employee |
| <input type="checkbox"/> Excise, Gaming, and Conservation Officers' Retirement Plan (EG&C) | <input type="checkbox"/> Prosecuting Attorneys' Retirement Fund (PARF)   |
| <input type="checkbox"/> Judges' Retirement System (JRS)                                   | <input type="checkbox"/> Public Employees' Retirement Fund (PERF)        |
| <input type="checkbox"/> Governor's and Surviving Spouse Plan (GSSP)                       | <input type="checkbox"/> Teachers' Retirement Fund (TRF)                 |
| <input type="checkbox"/> Legislators' Retirement System (LRS)                              | <input type="checkbox"/> Other ( <i>specify</i> ) _____                  |

### DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number*	Pension ID (PID) number
Date of birth ( <i>mm/dd/yyyy</i> )		Date of death ( <i>mm/dd/yyyy</i> )	

### SURVIVOR INFORMATION

Complete this section with the information applicable to the FUND/PLAN/SYSTEM DESIGNATION checked above. If unsure, contact customer service at (844) GO-INPRS.

Is there a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse name	Spouse Social Security number*	Spouse date of birth ( <i>mm/dd/yyyy</i> )
If there is no surviving spouse, what is your relationship to the deceased?	Survivor name	Survivor Social Security number*	Survivor date of birth ( <i>mm/dd/yyyy</i> )
If there is no surviving spouse, are there surviving dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If there are surviving dependent children, verify birth dates ( <i>mm/dd/yyyy</i> ).		

### CONTACT INFORMATION

Contact name	Contact home telephone number with area code	
Contact address ( <i>number and street</i> )	Contact other telephone number with area code	
City	State	ZIP Code

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DEATH REPORT**

State Form 50790

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Entry field	Field description
<b>FUND/PLAN/SYSTEM DESIGNATION</b>	
The employee/member named in this claim was a member the following fund/plan/system.	
Select only one	Check the appropriate box. If unsure, contact customer service at 844-GO-INPRS.
<b>DECEASED MEMBER INFORMATION</b>	
Deceased member name	Enter the deceased member complete name.
Social Security number*	Enter the deceased member complete Social Security number.*
Pension ID (PID) number	Enter the deceased member Pension ID (PID) number.
Date of birth	Enter the deceased member date of birth; format = mm/dd/yyyy.
Date of death	Enter the deceased member date of death; format = mm/dd/yyyy.
<b>SURVIVOR INFORMATION</b>	
Complete this section with the information applicable to the FUND/PLAN/SYSTEM DESIGNATION checked above. If unsure, contact customer service at (844) GO-INPRS.	
Is there a surviving spouse?	Select <b>Yes</b> or <b>No</b>
Spouse name	Enter the spouse name, if applicable
Spouse Social Security number*	Enter the spouse complete Social Security number, if applicable.*
Spouse date of birth	Enter the spouse date of birth, if applicable; format = mm/dd/yyyy.
Relationship to deceased member	If no surviving spouse, enter the survivor's relationship to the member.
Survivor name	Enter the survivor name, if applicable.
Survivor Social Security number*	Enter the survivor complete Social Security number, if applicable.*
Survivor date of birth	Enter the survivor date of birth, if applicable; format = mm/dd/yyyy.
Surviving children	Select <b>Yes</b> or <b>No</b> to the surviving children question.
Verify surviving children's date(s) of birth	Enter the children's dates of birth, if applicable; format = mm/dd/yyyy.
<b>CONTACT INFORMATION</b>	
Contact name	Enter the contact's complete name.
Address, City, State, ZIP Code	Enter the contact's mailing address.
Telephone number/Other telephone number	Enter the contact's telephone numbers including area codes.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 232-3882 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
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>