



1977 POLICE OFFICERS' & FIREFIGHTERS' FUND APPLICATION FOR SURVIVOR BENEFITS

State Form 7045 (R13 / 4-26)

**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, (844) 464-6777 (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 form cannot be processed without it.

INSTRUCTIONS

1. Remove the 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, Social Security number, and Pension ID number at the top of each page as requested.
3. If not already submitted to INPRS, the following information must be attached to this application:
 - a. Member's death certificate
 - b. Birth Certificates – for surviving spouses and dependent children. Not required for deceased member. Documents showing the date of birth and parents such as a copy of a birth certificate, or a registration from the public health department, or other governmental entity; or a court decree obtained under [IC 34-28-1](#) and certified by the clerk of the court; or other evidence relating to date of birth, subject to board approval, are acceptable.
 - c. Marriage license – for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a marriage certificate or a court decree are acceptable.
4. Include an English translation of all foreign documents.
5. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

DECEASED MEMBER INFORMATION

Deceased member name		Social Security number (<i>last 4 digits</i>)*		Pension ID (PID) number	
Address (<i>number and street</i>)			City	State	ZIP Code
Date of birth (<i>mm/dd/yyyy</i>)			Date of death (<i>mm/dd/yyyy</i>)		

SURVIVOR INFORMATION

The Police Officers' & Firefighters' Pension & Disability Fund provides for survivor benefits. A survivor, as defined by Public Law 9 (Special Session) of 1977, is each surviving child under the age of eighteen (18), unless disabled; the surviving spouse; or if there is no surviving child or spouse, the surviving parent or parents, if wholly dependent on the member. Pursuant to [IC 36-8-8-13.8](#) and [IC 36-8-8-14.1](#) all surviving children are eligible to receive survivor benefits until each child becomes twenty-three (23) years of age if the child is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university. Please list information below for each beneficiary who is to receive any possible benefit payable by the Fund. If additional space is needed, please attach a separate sheet.

Survivor name		Social Security number*		Date of birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)			Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	ZIP Code	Telephone number with area code		
Survivor name		Social Security number*		Date of birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)			Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	ZIP Code	Telephone number with area code		
Survivor name		Social Security number*		Date of birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)			Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	ZIP Code	Telephone number with area code		

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Deceased member name	Social Security number (last 4 digits)*	Pension ID (PID) number
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SURVIVING SPOUSE MARRIAGE AFFIDAVIT

I hereby affirm I was married to _____, at the time of the member's death.
Name of member

Spouse signature	Printed name	Date (mm/dd/yyyy)
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APPLICANT AFFIDAVIT

I, having been sworn, hereby submit this Application for Survivor Benefits and say under oath that:

- I am the person who completed this application;
- I have carefully read the form and understand the same, and I have read all of the information I have been provided with this application, including all instructions and supplemental documents;
- All the information I have provided and the questions I have answered are full, complete and true, and no material facts have been concealed or omitted therefrom.

Applicant signature	Printed name	Date (mm/dd/yyyy)
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NOTARY PUBLIC CERTIFICATION

State of _____

SS:

SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence *Officer's state of residence*

personally appeared _____ and the applicant, being first duly sworn by me upon
Name of person

the applicant's oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____.

Signature

My commission expires: _____

Date (mm/dd/yyyy)

Name of officer (printed or typed)

[IC 36-8-8-13.8](#) and [IC 36-8-8-14.1](#)

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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 four digits of the deceased member's Social Security number*.
Pension ID (PID) number	Enter the deceased member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the deceased member's mailing address at the time of death.
Date of birth	Enter the deceased member's date of birth; format = mm/dd/yyyy.
Date of death	Enter the deceased member's date of death; format = mm/dd/yyyy.
SURVIVOR INFORMATION	
Complete for as many survivors as applicable. If more than three, attach a list and note it on the front of this form.	
Survivor name	Enter the complete name of the survivor.
Social Security number*	Enter the survivor's complete Social Security number*.
Date of birth	Enter the survivor's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the survivor's mailing address.
Relation to member	Enter the survivor's relationship to the member.
Student	Mark either the Yes or No box.
Telephone number	Enter the survivor's telephone number with area code.
SURVIVING SPOUSE MARRIAGE AFFIDAVIT	
Only complete this section if the survivor is the spouse of the deceased member.	
Name of member	Enter the complete name of the member.
Spouse signature	The surviving spouse must sign this section of the form.
Printed name	Enter the surviving spouse's printed name.
Date	The surviving spouse must include the date the form was signed; format = mm/dd/yyyy.
APPLICANT AFFIDAVIT	
Applicant signature	The applicant must sign this section of the form.
Printed name	Enter the applicant's printed name.
Date	The applicant must include the date the form was signed; format = mm/dd/yyyy.
NOTARY PUBLIC CERTIFICATION	
This form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	

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
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(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