



APPLICATION FOR SURVIVOR BENEFITS

State Form 7045 (R6 / 2-18)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**
1 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 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 above.
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, a copy of both the member's and member's spouse's birth certificate must be included with this form. 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.
4. If not already submitted to INPRS, a copy of your marriage certificate must be included with this form. Documents showing the date of marriage such as a copy of a marriage certificate or a court decree certified by the clerk of the court are acceptable.
5. If not already submitted to INPRS, a copy of the member's death certificate.
6. Include an English translation of all foreign documents.
7. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. EST.

DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Address at time of death (number and street)			Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)
City		State	ZIP Code	Last date of employment (mm/dd/yyyy)	

SURVIVOR INFORMATION

The Police Officers' and Firefighters' Pension and 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, IC 36-8-8-13.9 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 (mm/dd/yyyy)	
Address (number and street)			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 (mm/dd/yyyy)	
Address (number and street)			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 (mm/dd/yyyy)	
Address (number and street)			Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	ZIP Code	Telephone number with area code	

Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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MARRIAGE AFFIDAVIT		
I hereby affirm I was married to _____, at the time of his/her death. <i>Name of Member</i>		
Signature	Printed name	Date (mm/dd/yyyy)

APPLICANT AFFIDAVIT		
I, having been sworn, hereby submit this Application for Survivor Benefits and say under oath that:		
<ul style="list-style-type: none"> I am the person who completed this application; I have carefully read the form and understand the same, and that 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. 		
Signature	Printed name	Date (mm/dd/yyyy)

NOTARY PUBLIC CERTIFICATION		
State of _____		
		SS:
County of _____		
Before me the undersigned, a Notary Public for _____ County, State of _____,		
<i>Officer's county of residence</i>		<i>Officer's state of residence</i>
personally appeared _____ and he/she, being first duly sworn by me upon his/her oath,		
<i>Name of person</i>		SEAL
say that the facts alleged in the foregoing instrument are true.		
Signed and sealed this _____ day of _____, 20_____.		_____
		<i>Signature</i>
My commission expires: _____		_____
<i>Date (mm/dd/yyyy)</i>		<i>Name of officer (printed or typed)</i>

IC 36-8-8-13.8, IC 36-8-8-13.9 and IC 36-8-8-14.1

EMPLOYER CERTIFICATION		
Please indicate, where appropriate, any employee contributions or employer-paid employee mandatory contributions which have been deducted from pay and are either on a quarterly report in transit or will be reported in the future. Do not accumulate figures. Show amounts only by quarter for each quarter still to be reported. Please always indicate this information for the quarter that includes the last day in pay status. No estimates can be accepted.		
Quarter	Wages Paid	Contribution
I hereby certify the above information for _____, whose last day of work was _____.		
<i>Member name</i>		<i>Date (mm/dd/yyyy)</i>
Signature of city controller / clerk treasurer / trustee	Title	Date (mm/dd/yyyy)

**INSTRUCTIONS FOR
APPLICATION FOR SURVIVOR BENEFITS**

State Form 7045

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5. If not already submitted to INPRS, a copy of the member's death certificate.
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7. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
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Entry field	Field description
DECEASED MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address at the time of death.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
Date of death	Enter the member's date of death; format = mm/dd/yyyy.
Late date of employment	Enter the member's last date of employment; format = mm/dd/yyyy.
SURVIVOR INFORMATION	
Member's name	Enter the complete name of the survivor.
Social Security number	Enter the survivor's 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 street or 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.
MARRIAGE AFFIDAVIT	
Name of member	Enter the complete name of the member.
Surviving spouse's signature	The surviving spouse must sign this section of the form.
Printed name	Enter the surviving spouse's name.
Date	The surviving spouse must include the date the form was signed; format = mm/dd/yyyy.
APPLICANT AFFIDAVIT	
Applicant's signature	The applicant must sign this section of the form.
Applicant's 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.	
EMPLOYER CERTIFICATION	
This form must be completed by the member's employer at the time of death.	

HELPFUL INFORMATION			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor