

## APPLICATION FOR SURVIVOR BENEFITS

This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is

State Form 7095 (R9 / 9-22)

mandatory, and this form cannot be processed without it.

INDIANA PUBLIC RETIREMENT SYSTEM JUDGES' RETIREMENT SYSTEM One North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (844) GO-INPRS (Toll-free) Fax: (866) 591-9441 (Toll-free) E-mail: <u>guestions@inprs.in.gov</u> Web site: <u>www.inprs.in.gov</u>

				INSTRU	JCTI	ONS				
	1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement								Retirement	
	System (INPRS) at the address shown on this form. Type or print using black ink. Include an English translation of all foreign documents.									
						reign documents. e attached to this applicat	tion.			
	-			mation m	u31 D6	e allached to this applica				
	a. Member's death certificate									
<ul> <li>b. Birth Certificates – for surviving spouses and dependent children. Not required for the deceased member. Document the date of birth and parents such as a copy of a birth certificate, or a registration from the public health department, governmental entity; or a court decree obtained under IC 34-28-1 and certified by the clerk of the court; or other evide relating to date of birth, subject to board approval, are acceptable.</li> <li>c. Marriage license – for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a</li> </ul>								nealth depa	rtment, or other	
								<i>,</i>		
	<ul> <li>Marriage license – marriage certificate</li> </ul>				nts sr	nowing the date of marria	ige, such a	as a photoc	opy of a	
4.					ed, m	nailed, or delivered to the	lobby of I	NPRS at th	e address	
	indicated on this form.	The agency is cl	osed on wee	ekends and	l holic	days, including all State-c	lesignated	l holidays.		
5.	Questions? Call custor	ner service, toll-f	ree, at (844)	GO-INPR	S, Mo	onday through Friday, 8 a	a.m. to 8 p	.m. ET.		
			DECEAS	ED MEMI	1	INFORMATION		1		
Nan	ne				Social Security number <i>(last 4 digits)</i> * Pension ID (PID) number				D (PID) number	
Add	ress (number and street)					City		State	ZIP Code	
-	<b>***</b>									
Date of birth ( <i>mm/dd/yyyy</i> )					Date of death (mm/dd/yyyy)					
			SUF		NFO	RMATION				
Nam	าย				Social Security number*					
						•				
Address (number and street)					City			State	ZIP Code	
Date of birth (mm/dd/yyyy) Marriage date to				ate to mem	ember, if applicable ( <i>mm/dd/yyyy</i> ) Telephone number with area code					
Survivor's signature							Date (mm/dd/yyyy)			
			NOTAR		C CE	RTIFICATION				
Stat	e of									
				SS:		SEAL				
Cou	nty of									
Ref	ore me the undersigned	La Notary Public	for			County State	of			
Before me the undersigned, a Notary Public forOfficer's c				er's county	County, State of, ounty of residence,					
pers	onally appeared				2	and the applicant, being f	irst dulv s	worn by me	upon	
pore	onally appeared	Na	me of person		`	and the applicant, being i	not duly o	non by me	apon	
	applicant's oath, say th				rume	nt are true.				
Sigr	ned and sealed this	day of		_, 20		Signature				
						Signature				
My commission expires:				n/dd/yyyy)		Name of officer (printed or	tuned)			
Date (mm/dd/yyyy)						Name of officer (printed of	(ypeu)			
Page 1 of 1										

## INSTRUCTIONS FOR APPLICATION FOR SURVIVOR BENEFITS

State Form 7095

## IMPORTANT

- 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. Include an English translation of all foreign documents.
- 6. 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 the 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.
- 3. This completed, signed, dated, and notarized form may be faxed, emailed, 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.

4. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

Entry field	Field description								
DECEASED MEMBER INFORMATION									
Member's name	Enter the member's complete name.								
Social Security number*	Enter the last 4 digits of 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 mailing address.								
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.								
SURVIVOR INFORMATION									
Name	Enter the survivor's full name.								
Social Security number*	Enter the survivor's complete Social Security number.								
Address, City, State, ZIP Code	Enter the survivor's mailing address.								
Telephone number/Other telephone number	Enter the survivor's telephone numbers including area codes.								
Date of birth	Enter the survivor's birth date; format = mm/dd/yyyy,								
Date of marriage to member	Enter the member's and surviving spouse's marriage date; format = mm/dd/yyyy, if applicable								
Survivor's signature	The survivor must sign and date this section of the form; 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/JRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE							
	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local							
Telephone	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions							
numbers		(800) 829-4059 TDD (hearing	(317) 232-4952 TDD (hearing							
Tumbers		impaired)	impaired)							
			(317) 233-2329 Fax							
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor							