



**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
<b>DECEASED MEMBER INFORMATION</b>	
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.
<b>SURVIVOR INFORMATION</b>	
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,
<b>NOTARY PUBLIC CERTIFICATION</b>	
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.	

<b>HELPFUL INFORMATION</b>			
	INPRS/JRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 591-9441 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>