PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY

State Form 51014 (R12 / 1-25)

Reset Form

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC SAFETY OFFICER DEATH BENEFIT FUND
One 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. Read this form completely before entering information.
2. 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.
3. Type or print using black ink. Complete all information and place the Public Safety Officer's name, Social Security Number and Pension ID number at the top of each page and on any additional pages of information being submitted.
4. If you are filing this claim as guardian of a dependent child/children include documentation establishing your guardianship such as Letters of Guardianship or a court order.
5. Include an English translation of all foreign documents.
6. If the surviving spouse is the claimant completing this form, INPRS does not need the surviving spouse to provide any information for children because in that case they are not beneficiaries.
7. **If this *Public Safety Officer Line of Duty Death Benefit Claim for a Spouse, Child, or Dependent Parent as Beneficiary (State Form 51014)* is for a Line of Duty Death resulting from an Exposure Risk as set out in IC 5-10-13-1, the *Affidavit for Line of Duty Disability Exposure Risk (State Form 57143)* must be on file with the employer and submitted to INPRS. Failure to comply with this will result in the loss of the presumption contained in IC 5-10-13-5.**
8. This completed, signed, dated, and notarized form may be mailed, faxed, or delivered to the lobby of INPRS using the address and contact information indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
9. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

FUND DESIGNATION

The **Public Safety Officer** named in this claim was a member of the following fund. *(Select only one.)*

- ☐ 1925 Police Pension Fund (IC 36-8-6-10.1)
- ☐ 1937 Firefighters' Pension Fund (IC 36-8-7-12.4)
- ☐ 1953 Police Pension Fund (IC 36-8-7.5-14.1)
- ☐ 1977 Police Officers' & Firefighters' Pension & Disability Fund (IC 36-8-8-14.1)
- ☐ County Sheriff's Pension Trust
- ☐ State Police Pension Trust
- ☐ Excise, Gaming and Conservation Officers' Plan (EG&C)
- ☐ Public Employees' Retirement Fund (PERF)

POSITION INFORMATION (*Select only one*)

- ☐ Assistant Emergency Management Director
- ☐ Chaplain eligible under IC 5-10-10-4.7
- ☐ City Police Officers/Firefighters – who are covered by pension plans, prior to the 1977 Fund, administered by local units
- ☐ City / Town Police Reserve Officer
- ☐ Community Corrections Officer
- ☐ Conservation Enforcement Officer
- ☐ Correctional Officer
- ☐ County Coroner (effective as of July 1, 2023)
- ☐ County Police Officer
- ☐ County Police Reserve Officer
- ☐ County Sheriff
- ☐ Deputy County Coroner (effective as of July 1, 2023)
- ☐ Deputy Emergency Management Director
- ☐ Deputy Town Marshal
- ☐ Division Fire Investigator
- ☐ Eligible Emergency Management worker
- ☐ Emergency medical service provider (as defined in IC 16-41-10-1) not identified in IC 5-10-10-4.8 or IC 5-10-10-4.9 who is employed by a political subdivision and not eligible for death benefit* (*See IC 5-10-10-4(14))
- ☐ Employee of Indiana Department of Homeland Security
- ☐ Excise Police Officer
- ☐ Firefighter Employed by a State University Fire Department
- ☐ Gaming Agent
- ☐ Gaming Control Officer
- ☐ Member of a consolidated law enforcement department established under IC 36-3-1-5.1
- ☐ Member of the 1977 Police Officers' and Firefighters' Fund
- ☐ Motor Carrier Inspector

Probation Officer

- ☐ School Resource Officer – not otherwise entitled under the 1977 Fund, the 1953 Fund, or the 1925 Fund

State educational institution police officer appointed under IC 21-39-4

- ☐ State Police Officer
- ☐ Town Marshall

- A person who is: (a) employed by a political subdivision (as defined in IC 36-1-2-13); and (b) appointed as a special deputy under IC 36-8-10-10.6.
- A school corporation police officer appointed under IC 20-26-16

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY
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PUBLIC SAFETY OFFICER INFORMATION			
Public safety officer name *(First, Middle initial, Last)*	Social Security Number *(last 4 digits)**		Pension ID (PID) number
Address *(last address, number and street)*			Date of death (*mm/dd/yyyy*)
City		State	ZIP Code

CLAIMANT INFORMATION			
Claimant name *(First, Middle initial, Last)*	Social Security Number* - -		Date of application (*mm/dd/yyyy*)
Address *(number and street)*	Telephone number with area code		Other telephone number with area code
City	State	ZIP Code	E-mail address

ACCIDENT/INCIDENT INFORMATION	
Date of accident/incident (*mm/dd/yyyy*)	Time of accident/incident (*hour:minutes and AM or PM*)
Indicate the status of the following documentation:	
☐ Attached ☐ Previously submitted	Detailed accident/incident report (*Must be submitted on the employer's letterhead and have the notarized signature of an authorized official of the employer.*)
☐ Attached ☐ Previously submitted	Accident/incident investigation report (*Must have the notarized signature of the investigating official or the investigating agency's records custodian.*)
☐ Attached ☐ Previously submitted	Death certificate (*Must bear the seal of the Medical Examiner or the Department of Health.*)
☐ Completed	EMPLOYER AFFIDAVIT section of this form (*Must be completed, signed, and dated when submitting this form to INPRS.*)
IMPORTANT: This claim cannot be processed until all of these documents are received by INPRS.	

EMPLOYER INFORMATION			
Employer name (*include department, division, and section*)			
Employer address *(number and street)*	City	State	ZIP Code
Immediate supervisor name			
Immediate supervisor address *(number and street)*	City	State	ZIP Code
Immediate supervisor e-mail address	Immediate supervisor telephone number with area code		

CLAIMANT(S) AFFIDAVIT
Select only one:
☐ I hereby certify that I am a surviving child (18 years of age or older) of the deceased Public Safety Officer named on this claim form. All claimants who are surviving children 18 years of age or older must be named in the list provided in this affidavit. All claimants who are surviving children 18 years of age or older must sign and date this affidavit.
☐ I hereby certify that I am the court-appointed guardian of the named surviving child/children of the deceased Public Safety Officer named in this affidavit.
☐ I hereby certify that I am the surviving spouse of the deceased Public Safety Officer named in this claim form.
☐ I hereby certify that I am the dependent parent of the deceased Public Safety Officer named in this claim form.

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY
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Public safety officer name *(First, Middle initial, Last)*	Social Security Number *(last 4 digits)**	Pension ID (PID) number

CLAIMANT(S) AFFIDAVIT *(Continued)*

List all claimants. Claimants that are spouse, dependent parent or surviving child age 18 or older must sign this affidavit.
For claimants with a court-appointed guardian, the court-appointed guardian must sign this affidavit.
(*Attach additional pages with information, if needed. Be sure to include the Public Safety Officer's name, Social Security Number, and PID at the top of each additional page submitted with this form.)*

Beneficiary name (*First, Middle initial, Last*)	**Social Security Number***	**Date of birth** (*mm/dd/yyyy*)	**Type of claimant** ***(select only one)***
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)
	- -		☐ Spouse ☐ Dependent parent ☐ Surviving child 18 or over ☐ Surviving child with guardian (guardian must sign affidavit)

Each claimant named above attests that the following statements are true:

- I am the person who completed this application.
- In the case of a dependent parent or surviving child/children, there is no surviving spouse eligible for this benefit.
- There are no surviving children other than those listed above or there are no children eligible to claim this benefit.
- I have carefully read the claim form and all of the information provided with this claim form, including all instructions and supplemental documents.
- All of the information I have provided and the questions I have answered are full, complete, and true, and that no material fact has been concealed or omitted.

Guardian name *(First, Middle initial, Last)*	Guardian e-mail address	Guardian telephone number with area code

Guardian address *(number and street)*	City	State	ZIP Code

Claimant or guardian signature	Date *(mm/dd/yyyy)*
Claimant signature	Date *(mm/dd/yyyy)*
Claimant signature	Date *(mm/dd/yyyy)*
Claimant signature	Date *(mm/dd/yyyy)*
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PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY

State Form 51014

Public safety officer name *(First, Middle initial, Last)*	Social Security Number *(last 4 digits)**	Pension ID (PID) number

SURVIVING CHILDREN

List surviving children. (*Attach additional pages with information, if needed. Be sure to include the Public Safety Officer's name, Social Security number, and PID at the top of each page.)*

Surviving child name (*First, Middle initial, Last*)	**Social Security Number***	**Date of birth** (*mm/dd/yyyy*)
	- -	
	- -	
	- -	
	- -	
	- -	
	- -	
	- -	
	- -	
	- -	
	- -	

EMPLOYER AFFIDAVIT

In order to qualify for the special death benefit authorized in under the special death benefit fund, the decedent must have died in the line of duty as defined by the applicable statute explained in the LINE OF DUTY DEATH GENERAL INFORMATION section below.

In my capacity as head of the agency for which _____,
Public Safety Officer name *(First, Middle initial, Last)*

Social Security Number* _____-_____-_____, worked on the date of the Public Safety Officer's death, _____,
Date of death *(mm/dd/yyyy)*

I hereby certify that the member ☐ did or ☐ did not (*check one*) die in the Line of Duty as defined by the applicable statute (see the Line of Duty Death General Information section below). In making this certification, I acknowledge that I am not making the final determination regarding whether or not _____, died in the Line of
Public Safety Officer name *(First, Middle initial, Last)*

Duty. I understand that INPRS has the authority to make the final determination in this regard. I also understand that INPRS will make determination based in whole or part on the information I provide.

I am basing my opinion on the following facts and circumstances:

Authorized representative signature	Authorized representative title
Authorized representative printed name	Date *(mm/dd/yyyy)*

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY

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Public safety officer name *(First, Middle initial, Last)*	Social Security Number *(last 4 digits)**	Pension ID (PID) number

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 claimant, being first duly sworn by me upon
Name of person

the claimant'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)*

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY

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Public safety officer name *(First, Middle initial, Last)*	Social Security Number *(last 4 digits)**	Pension ID (PID) number

LINE OF DUTY DEATH GENERAL INFORMATION

Special Death Benefit Fund (SDBF)

Effective July 1, 2017, the State Employees' Death Benefit Fund, Public Safety Officers' Benefit Fund, and the lump sum distributions for the line of duty deaths from the Local Public Safety Pension Relief Fund were merged together to form the Special Death Benefit Fund. The lump sum distributions from the SDBF:

1. $100,000 for state employees
2. for public safety officers or other eligible officers (as defined by IC 5-10-10-4.5) who die in the line of duty:
   a. prior to July 1, 2020, $150,000
   b. on or after July 1, 2020, $225,000

1977 Fund (Police Officer/Firefighter) Definition of "dies in the line of duty"

"Dies in the line of duty" means death that occurs as a direct result of personal injury or illness caused by incident, accident, or violence that results from:

1. Any action that the member, in the member's capacity as a police officer:
   c. Is obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   d. Performs in the course of controlling or reducing crime or enforcing the criminal law; or
2. Any action that the member, in the member's capacity as a firefighter:
   a. Is obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   b. Performs while on the scene of an emergency run (including false alarms) or on the way to or from the scene.

The term also includes a death presumed incurred in the line of duty under IC 5-10-13. IC 36-8-8-14.1.

Public Safety Officer Definitions of "dies in the line of duty" – Use this definition when the decedent does not fall into any of the other categories

1. For public safety officers, the term means death occurs as a direct result of personal injury or illness resulting from any action that the public safety officer (as defined in IC 5-10-13-2), in the public safety officer's capacity as a public safety officer, is obligated or authorized by rule, regulation, condition of employment or service, or law to perform in the course of controlling or reducing crime or enforcing the criminal law. The term includes a death presumed in the line of duty under IC 5-10-13, IC 5-10-10-2.
2. For eligible emergency medical service providers who are employees of a person who contracts with a political subdivision and purchases coverage, or who are employees of a health care system affiliated with a state educational institution, the person Is eligible for the special death benefit if the member dies as a direct result of personal injury or illness caused by an incident, accident, or violence that results from any action that the public safety officer, in his or her capacity as a public safety officer is:
   a. Obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   b. Performs during an emergency run.

   IC 5-10-10-4.8; IC 5-10-10-4.9; IC 5-10-10-2.

The same definition applies to emergency medical service providers (as defined in IC 16-41-10-1) who are employees of a health care system associated with a state educational institution that purchases coverage. IC 5-10-10-2.

Motor Carrier Inspector/Special Police Employee Definition of "dies in the line of duty"

1. Death that occurs as a direct result of personal injury or illness resulting from any action:
   a. a motor carrier inspector; or
   b. a special police employee of the department who is not a regular police employee of the department;

   is obligated or authorized by rule, regulation, condition of employment or service, or law to perform in the course of the inspector's or special police employee's regular duties. IC 10-12-6-1.

1925 Police Pension Fund Definition of "dies in the line of duty"

Death that occurs as a direct result of personal injury or illness caused by incident, accident, or violence that results from any action that the member in the member's capacity as a police officer:

   a. is obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   b. performs in the course of controlling or reducing crime or enforcing the criminal law.
   c. The term includes a death presumed incurred in the line of duty under IC 5-10-13.

   IC 36-8-6-10.1.

1937 Firefighters' Pension Fund Definition of "dies in the line of duty"

Death that occurs as a direct result of personal injury or illness caused by incident, accident, or violence that results from any action that the member, in the member's capacity as a firefighter:

   a. is obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   b. performs while on the scene of an emergency run (including false alarms) or on the way to or from the scene

   The term includes a death presumed incurred in the line of duty under IC 5-10-13, IC 36-8-7-12.4.

1953 Police Pension Fund Definition of "dies in the line of duty"

Death that occurs as a direct result of personal injury or illness caused by incident, accident, or violence that results from any action that the member, in the member's capacity as a police officer:

   a. is obligated or authorized by rule, regulation, condition of employment or service, or law to perform; or
   b. performs in the course of controlling or reducing crime or enforcing the criminal law.
   c. The term includes a death presumed incurred in the line of duty under IC 5-10-13.

   IC 36-8-7.5-14.1.

Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

INSTRUCTIONS FOR

PUBLIC SAFETY OFFICER LINE OF DUTY DEATH CLAIM BENEFIT FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY

State Form 51014

IMPORTANT

1. Read this form completely before entering information.
2. 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.
3. Type or print using black ink. Complete all information and place the Public Safety Officer's name, Social Security Number and Pension ID number at the top of each page and on any additional pages of information being submitted.
4. If you are filing this claim as guardian of a dependent child/children include documentation establishing your guardianship such as Letters of Guardianship or a court order.
5. Include an English translation of all foreign documents.
6. If the surviving spouse is the claimant completing this form, INPRS does not need the surviving spouse to provide any information for children because in that case they are not beneficiaries.
7. **If this Claim for Public Safety Officer Line of Duty Death Benefit for a Spouse, Child, or Dependent Parent as Beneficiary (State Form 51014) is for a Line of Duty Death resulting from an Exposure Risk as set out in IC 5-10-13-1, the Affidavit for Line of Duty Disability Exposure Risk (State Form 57143) must be on file with the employer and submitted to INPRS. Failure to comply with this will result in the loss of the presumption contained in IC 5-10-13-5.**
8. This completed, signed, dated, and notarized form may be mailed, faxed, or delivered to the lobby of INPRS using the address and contact information indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
9. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.

Entry field	Field description
FUND DESIGNATION	
Select only one	Select only one of the fund designations listed.
POSITION INFORMATION	
Indicate the type of position that the deceased **Public Safety Officer** was employed at the time of death. If you are not certain as to the correct type of position, you should contact the employer for assistance. **IMPORTANT:** Select only one from the list.	
PUBLIC SAFETY OFFICER INFORMATION	
Name	Enter the complete name of the Public Safety Officer *(First, Middle initial, Last)*.
Social Security Number*	Enter the last 4-digits of the Public Safety Officer's Social Security Number.*
Pension ID (PID) number	Enter the Pension ID number of the Public Safety Officer.
Address, City, State, ZIP Code	Enter the Public Safety Officer's last address *(number and street, City, State, ZIP Code)*.
Date of death	Enter the date of death for the deceased Public Safety Officer. Format = *mm/dd/yyyy*.
CLAIMANT INFORMATION	
Name	Enter the claimant's complete name *(First, Middle initial, Last)*.
Social Security Number*	Enter the claimant's nine-digit Social Security Number.*
Date of application	Enter the date of the application. Format = *mm/dd/yyyy*.
Address, City, State, ZIP Code	Enter the claimant mailing address *(number and street, City, State, ZIP Code)*.
Telephone number/Other telephone number	Enter claimant telephone numbers including area codes.
E-mail address	Enter the claimant e-mail address, if applicable.
ACCIDENT/INCIDENT INFORMATION	
Date of accident/incident	ENTER the date. Format = *mm/dd/yyyy*.
Time of accident/incident	Enter the time in HH:MM and indicate if AM or PM.
Detailed accident/incident report	Indicate if this is attached to this form or has been previously submitted. This report must be submitted on the employer's letterhead and must have the notarized signature of an authorized official of the employer.
Accident/incident investigation report	Indicate if this is attached to this form or has been previously submitted. This report must have the notarized signature of the investigating official or the investigating agency's records custodian.
Death certificate	Indicate if this is attached to this form or has been previously submitted. This must bear the seal of the Medical Examiner or the Department of Health.
EMPLOYER AFFIDAVIT section	Indicate that this section has been completed, signed, and dated and is included with the submission of this form to INPRS.
IMPORTANT: This claim cannot be processed until all of these documents are received by INPRS.	
EMPLOYER INFORMATION	
Employer name	Enter the full name of the employer, including department, division, and section.
Employer address, City, State, ZIP Code	Enter the employer mailing address *(number and street, City, State, ZIP Code)*.
Immediate supervisor name	Enter the deceased Public Safety Officer immediate supervisor name *(First, Middle initial, Last)*.
Immediate supervisor address, City, State, ZIP Code	Enter the deceased Public Safety Officer immediate supervisor mailing address *(number and street, City, State, ZIP Code)*.
Immediate supervisor e-mail address	Enter the deceased Public Safety Officer immediate supervisor e-mail address.
Immediate supervisor telephone number	Enter the deceased Public Safety Officer immediate supervisor telephone number with area code and extension, if applicable.

INSTRUCTIONS FOR
PUBLIC SAFETY OFFICER LINE OF DUTY DEATH BENEFIT CLAIM FOR A SPOUSE, CHILD, OR DEPENDENT PARENT AS BENEFICIARY
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Entry field	Field description
CLAIMANT(S) AFFIDAVIT	
Select only one	Select one: the surviving child over 18 years of age, the court-appointed guardian of a surviving child, the spouse with no qualifying children, or the dependent parent.
List all claimants. Claimants that are spouse, dependent parent or surviving child age 18 or older must sign this affidavit. For claimants with a court-appointed guardian, the court-appointed guardian must sign this affidavit. (*Attach additional pages with information, if needed. Be sure to include the Public Safety Officer's name, Social Security Number, and PID at the top of each page.)*	
Beneficiary name	Enter the beneficiary name *(First, Middle Initial, Last name)*
Social Security Number*	Enter the complete beneficiary Social Security Number.*
Date of birth	Enter the date of birth of the beneficiary. Format = *mm/dd/yyyy*
Type of claimant	Select only one per beneficiary named. If Surviving child with guardian is selected, the guardian must sign the affidavit included in this form.
Read all of the statements before continuing. The guardian attests to the list of statements included in this section of the form.	
Guardian name	This only needs to be completed if there is a court-appointed guardian for a surviving child. Enter the guardian complete name *(First, Middle initial, Last)*.
Guardian address, City, State, and ZIP Code	Enter the guardian mailing address, if applicable *(number and street, City, State, ZIP Code)*.
Guardian e-mail address	Enter the guardian e-mail address, if applicable.
Guardian telephone number	Enter the guardian telephone number with area code, if applicable.
Claimant or guardian's signature and date	The claimant or court-appointed guardian must sign and date the form; format = *mm/dd/yyyy*.
Claimant signature and date	Space is provided for all named beneficiaries, if applicable. Each claimant named on the form must sign and date this form.
IMPORTANT: If not already submitted to INPRS, a copy of both the member's and the claimant's birth certificate, a baptismal or confirmation certificate, adoption papers, or a court decree are acceptable. If you are filing this claim as guardian of a child, include documentation establishing your guardianship such as a court order. Include an English translation to any foreign document.	
SURVIVING CHILDREN	
Provide the requested information (complete name, Social Security Number, and date of birth) for surviving children, if known to you. You may attach additional pages, if necessary.	
Surviving child name	Enter the surviving child name *(First, Middle Initial, Last name)*
Social Security Number*	Enter the surviving child complete Social Security Number.*
Date of birth	Enter the date of birth of the surviving child. Format = *mm/dd/yyyy*
EMPLOYER AFFIDAVIT	
Read the statements before entering information. The signatory to this affidavit attests to the statements shown in this section of the Line of Duty claim form. This section must be completed for the claim to be accepted and processed by INPRS.	
Public Safety Officer Name	Enter the Public Safety Officer full name *(First, Middle initial, Last)*.
Social Security Number*	Enter the Public Safety Officer complete Social Security Number.*
Date of death	Enter the date of death of the Public Safety Officer. Format = *mm/dd/yyyy*.
Certify death in the Line of Duty	Check only one, member did or member did not.
Public Safety Officer Name (second entry)	Enter the Public Safety Officer full name *(First, Middle initial, Last)*.
I am basing my opinion on the following facts and circumstances	Enter a brief explanation of your opinion regarding the designation of a line of duty death for consideration by INPRS in processing this claim.
Authorized representative signature	This form must be signed by the authorized representative.
Authorized representative title	Enter the authorized representative title
Authorized representative printed name	Enter the authorized representative printed name
Date	Enter the date the form was signed by the authorized representative. Format = *mm/dd/yyyy*
NOTARY PUBLIC CERTIFICATION	
This claim form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. 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.	
LINE OF DUTY GENERAL INFORMATION	
This section should be reviewed carefully as it defines acceptable circumstances for filing a line of duty death claim with INPRS according to the fund/plan/system chosen in the FUND DESIGNATION section of this form. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday.	

HELPFUL INFORMATION			
	INPRS	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(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
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor