



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

State Form 51014 (R5 / 5-13)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND AND SPECIAL DEATH BENEFIT FUND**
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (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 any 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 Public Safety Officer's name, Social Security number and Pension ID number at the top of each page as requested.
3. If you are filing this claim as guardian of a dependent child/children include documentation establishing your guardianship such as a court order.
4. Include an English translation of all foreign documents.
5. 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.
6. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

PUBLIC SAFETY OFFICER INFORMATION

Name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number
Address		Date of death (<i>mm/dd/yyyy</i>)

CLAIMANT INFORMATION

Name	Social Security number*	Date of application (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

POSITION INFORMATION (*Check only one*)

- | | |
|---|---|
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Firefighter Employed by a State University Fire Department |
| <input type="checkbox"/> City Police Reserve Officer | <input type="checkbox"/> Firefighter – Coverage Paid by Employer |
| <input type="checkbox"/> Conservation Enforcement Officer | <input type="checkbox"/> Gaming Agent |
| <input type="checkbox"/> Correctional Officer | <input type="checkbox"/> Gaming Control Officer |
| <input type="checkbox"/> County Police Officer | <input type="checkbox"/> Member of the 1977 Police Officers' and Firefighters' Fund |
| <input type="checkbox"/> County Police Reserve Officer | <input type="checkbox"/> Motor Carrier Inspector |
| <input type="checkbox"/> County Sheriff | <input type="checkbox"/> Police Officer – Coverage Paid by Employer |
| <input type="checkbox"/> Deputy Town Marshal | <input type="checkbox"/> Prison Matron or Assistant Prison Matron |
| <input type="checkbox"/> Eligible Emergency Medical Services Provider | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Eligible State University Police Officer | <input type="checkbox"/> State Police Officer |
| <input type="checkbox"/> Excise Police Officer | <input type="checkbox"/> Town Marshal |

ACCIDENT/INCIDENT INFORMATION

Date of accident/incident (<i>mm/dd/yyyy</i>)	Time of accident/incident (<i>hour:minutes and AM or PM</i>)
Indicate the status of the following documentation:	
<input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted	Detailed accident/incident report (<i>Must be submitted on the employer's letterhead and have the notarized signature of an authorized official of the employer.</i>)
<input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted	Accident/incident investigation report (<i>Must have the notarized signature of the investigating official or the investigating agency's records custodian.</i>)
<input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted	Death certificate (<i>Must bear the seal of the Medical Examiner or the Department of Health.</i>)

Name	Social Security number (last 4 digits)*	Pension ID (PID) number
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EMPLOYER INFORMATION

Employer's name (include department, division, and section)			
Employer's address (number and street)	City	State	ZIP Code
Immediate supervisor's name			
Immediate supervisor's address (number and street)	City	State	ZIP Code
Immediate supervisor's e-mail address	Immediate supervisor's 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.

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.)

Beneficiary's name (First, Middle initial, Last)	Social Security number*	Date of birth (mm/dd/yyyy)	Type of claimant (select only one)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Surviving child 18 or over <input type="checkbox"/> Surviving child with guardian (guardian must sign affidavit)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Surviving child 18 or over <input type="checkbox"/> Surviving child with guardian (guardian must sign affidavit)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Surviving child 18 or over <input type="checkbox"/> Surviving child with guardian (guardian must sign affidavit)
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			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Surviving child 18 or over <input type="checkbox"/> Surviving child with guardian (guardian must sign affidavit)
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent <input type="checkbox"/> Surviving child 18 or over <input type="checkbox"/> Surviving child with guardian (guardian must sign affidavit)

- Each claimant named above attest 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.
 - 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's name	Guardian's e-mail address	Guardian's telephone number with area code	
Guardian's address	City	State	ZIP Code
Claimant's or guardian's signature			Date (mm/dd/yyyy)

Name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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CLAIMANT(S) AFFIDAVIT (Continued)

Claimant's signature	Date <i>(mm/dd/yyyy)</i>
Claimant's signature	Date <i>(mm/dd/yyyy)</i>
Claimant's signature	Date <i>(mm/dd/yyyy)</i>
Claimant's signature	Date <i>(mm/dd/yyyy)</i>
Claimant's signature	Date <i>(mm/dd/yyyy)</i>
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Claimant's signature	Date <i>(mm/dd/yyyy)</i>
Claimant's signature	Date <i>(mm/dd/yyyy)</i>

OTHER SURVIVING CHILDREN

List other surviving children. *(Attach additional pages with information, if needed.)*

Surviving child's name <i>(First, Middle initial, Last)</i>	Social Security number*	Date of birth <i>(mm/dd/yyyy)</i>

NOTARY PUBLIC CERTIFICATION

State of _____

SS:

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 he/she, being first duly sworn by me upon his/her oath,
Name of person

say that the facts alleged in the foregoing instrument are true. SEAL

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

Signature

My commission expires: _____
Date (mm/dd/yyyy) Name of officer (printed or typed)

**INSTRUCTIONS FOR
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IMPORTANT

1. 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 the form.
2. 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 as requested.
3. If you are filing this claim as guardian of a dependent child/children include documentation establishing your guardianship such as a court order.
4. Include an English translation of all foreign documents.
5. 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.
6. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
PUBLIC SAFETY OFFICER INFORMATION	
Name	Enter the complete name of the Public Safety Officer.
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	Enter the Public Safety Officer's last address.
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.
Social Security number	Enter the claimant's nine-digit Social Security number.
Date of application	Enter the date of the application; formate = mm/dd/yyyy.
Address	Enter the s claimant's street address and/or mailing address.
Telephone number/Other telephone number	Enter claimant's telephone numbers including area codes.
E-mail address	Enter the claimant's e-mail address, if applicable.
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.	
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.
IMPORTANT: This claim cannot be processed until all of these documents are received by INPRS.	
EMPLOYER INFORMATION	
Employer's name	Enter the full name of the employer, including department, division, and section.
Employer's address	Enter the employer's street or mailing address.
Immediate supervisor's name	Enter the deceased Public Safety Officer's immediate supervisor's name.
Immediate supervisor's address	Enter the deceased Public Safety Officer's immediate supervisor's street or mailing address.
Immediate supervisor's e-mail address	Enter the deceased Public Safety Officer's immediate supervisor's e-mail address.
Immediate supervisor's telephone number	Enter the deceased Public Safety Officer's immediate supervisor's telephone number with area code and extension, if applicable.
AFFIDAVIT BY A SURVIVING CHILD OR THE COURT-APPOINTED GUARDIAN OF A SURVIVING CHILD	
Select only one	Select either the surviving child over 18 years of age or the court-appointed guardian of a surviving child.
Name of claimant or court-appointed guardian	Enter the full name of the claimant or court-appointed guardian.
Guardian's name	This only needs to be completed if there is a court-appointed guardian for a surviving child. Enter the guardian's complete name.
Guardian's address	Enter the guardian's street or mailing address, if applicable.
Guardian's e-mail address	Enter the guardian's e-mail address, if applicable.
Guardian's telephone number	Enter the guardian's telephone number with area code, if applicable.

Claimant's or guardian's signature and date	The claimant or court-appointed guardian must sign and date the form; format = mm/dd/yyyy.
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.	
OTHER SURVIVING CHILDREN	
Provide the requested information (complete name, Social Security number, and date of birth) for other surviving children, if known to you. You may attach additional pages, if necessary.	
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.	

HELPFUL INFORMATION			
	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 (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