Reset Form

APPLICATION FOR SURVIVOR BENEFITS

State Form 53663 (R3 / 5-13)

INDIANA PUBLIC RETIREMENT SYSTEM
STATE EXCISE POLICE, GAMING AGENT, GAMING CONTROL OFFICER & CONSERVATION ENFORCEMENT OFFICERS' RETIREMENT PLAN
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 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.
3. If not already submitted to INPRS, the following information must be attached to this application:
   a. Member's death certificate – this must bear the seal of the Medical Examiner or the Department of Health, a certified copy is acceptable.
   b. Birth Certificates - both the member's and the surviving spouse's birth certificates – 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 – documents showing the date of marriage, such as a certified photocopy of a marriage certificate or a court decree are acceptable.
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.

DECEASED MEMBER INFORMATION

Name	Social Security number *(last 4 digits)**	Pension ID (PID) number	
Last address	City	State	ZIP Code
Date of birth *(mm/dd/yyyy)*	Date of death *(mm/dd/yyyy)*		

SURVIVING SPOUSE INFORMATION

Name	Social Security number*		
Address	City	State	ZIP Code
Date of birth *(mm/dd/yyyy)*	Marriage date to member *(mm/dd/yyyy)*	Telephone number with area code	
Signature of spouse	Date *(mm/dd/yyyy)*		

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)*

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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.
Last address, City, State, ZIP Code	Enter the member's street or 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.
SURVIVING SPOUSE INFORMATION	
Spouse's name	Enter the surviving spouse's full name.
Social Security number	Enter the surviving spouse's Social Security number.
Last address, City, State, ZIP Code	Enter the surviving spouse's street or mailing address.
Telephone number/Other telephone number	Enter the surviving telephone numbers including area codes.
Date of birth	Enter the surviving spouse'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,
Spouse's signature	The surviving spouse 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/C&E	**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