



**LEGISLATORS' DEFINED BENEFIT PLAN
(LE DB) APPLICATION FOR SURVIVOR
BENEFITS**
State Form 53671 (R8 / 2-25)

**INDIANA PUBLIC RETIREMENT SYSTEM
LEGISLATORS' DEFINED BENEFIT PLAN**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS, (844) 464-6777 (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 on this form.
2. Type or print using black ink. Include an English translation of all foreign documents.
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 Certificate - the surviving spouse's birth certificate – 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. This completed, signed, dated, and notarized form may be faxed, mailed, 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.
5. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

DECEASED MEMBER INFORMATION

Deceased member name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number	
Last address (<i>number and street</i>)	City	State	ZIP Code
Date of birth (<i>mm/dd/yyyy</i>)	Date of death (<i>mm/dd/yyyy</i>)		

SURVIVING SPOUSE INFORMATION

Surviving spouse name	Social Security number*		
Address (<i>number and street</i>)	City	State	ZIP Code
Date of birth (<i>mm/dd/yyyy</i>)	Marriage date to member (<i>mm/dd/yyyy</i>)	Telephone number with area code	
Surviving spouse signature		Date (<i>mm/dd/yyyy</i>)	

NOTARY PUBLIC CERTIFICATION

State of _____

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 applicant, being first duly sworn by me upon

Name of person _____

the applicant 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*) _____

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Entry field	Field description
DECEASED MEMBER INFORMATION	
Deceased member name	Enter the deceased 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 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	
Surviving spouse name	Enter the surviving spouse's full name.
Social Security number*	Enter the surviving spouse's complete Social Security number.*
Last address, City, State, ZIP Code	Enter the surviving spouse's mailing address.
Telephone number/Other telephone number	Enter the surviving spouse's 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.
Surviving spouse signature	The surviving spouse must sign and date this form.
Date	The surviving spouse must sign and date this 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/LE DB	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(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