

Confirmation of Full-Time Student Status (State Form 55949)

If any of the child survivors listed on the Application for Survivor Benefits are at least 18 years of age but not yet 23, they must confirm that they are enrolled in and regularly attending a secondary school, or a full-time student at an accredited college or university.



CONFIRMATION OF FULL-TIME STUDENT STATUS FOR SURVIVOR CHILD PAYEES

State Form 55949 (R5 / 9-22)

INDIANA PUBLIC RETIREMENT SYSTEM 1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY 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 document 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 on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. A separate State Form 55949 must be completed, signed, dated, and submitted for each school term not to exceed 12 months.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the 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 Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Member's name (<i>full name</i>)	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number
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SURVIVOR PAYEE INFORMATION

Survivor's name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number	
Address (<i>number and street</i>)	City	State	ZIP Code
E-mail address	Telephone number with area code	Other telephone number with area code	

SURVIVOR AFFIDAVIT

As a surviving child beneficiary payee under the provisions of the 1977 Police Officers' and Firefighters' Pension and Disability Fund, I understand that my survivor benefit payments from the ages of 18 to 22 are contingent upon confirmation that I am either enrolled in and regularly attending a secondary school, or a full-time student at an accredited college or university. I also understand that my benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature	Date (<i>mm/dd/yyyy</i>)
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* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this document 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 indicated on the form.
2. Type or print using black ink. Print the deceased member's Social Security number at the top of each page as requested.
3. A separate State Form 5000 (or equivalent) must be filed for each year for which the benefit is being claimed. The period of benefit payment may not exceed 12 months.
4. This completed, signed, and dated form must be returned to the address indicated on the form. The agency is closed on weekends and public holidays.
5. Questions? Call customer service, toll-free, at (844) 755-7333, Monday through Friday, 8 a.m. to 8 p.m. ET.

Complete this section listing the deceased member's demographic information.

DECEASED MEMBER INFORMATION		
Member's name <i>(full name)</i>	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number

SURVIVOR PAYEE INFORMATION			
Survivor's name		Social Security number <i>(last 4 digits)*</i>	
Address <i>(number and street)</i>		City	State
E-mail address	Telephone number with area code	Other	

SURVIVOR AFFIDAVIT

As a surviving child beneficiary payee under the provisions of the 1977 Police Officers' and Firefighters' Pension Act, I understand that my survivor benefit payments from the ages of 18 to 22 are contingent upon me being in and regularly attending a secondary school, or a full-time student at an accredited college or university. I also understand that my benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student,



If you do not know the deceased member's Pension ID number, leave this field blank.

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 on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. A separate State Form 55949 must be completed, signed, dated, and submitted for each school term not to exceed 12 months.
4. This completed, signed, and dated form must be returned to the address indicated on the form. The agency is closed from 12:00 p.m. to 1:00 p.m. ET.
5. Questions? Call customer service at 1-800-455-7269.

Complete this section listing the survivor's demographic information.

Member's name (full name)	Member's Social Security number (last 4 digits)*	Pension ID (PID) number
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SURVIVOR PAYEE INFORMATION			
Survivor's name	Social Security number (last 4 digits)*		Pension ID (PID) number
Address (number and street)	City	State	ZIP Code
E-mail address	Telephone number with area code	Other telephone number with area code	

SURVIVOR AFFIDAVIT

As a surviving child beneficiary payee under the provisions of the 1977 Police Officers' and Firefighters' Pension and Disability Fund, I understand that my survivor benefit payments from the ages of 18 to 22 are contingent upon being in and regularly attending a secondary school, or a full-time student at an accredited college or university. My survivor benefit payments will cease the month following my 23rd birthday, or the month following my graduation, whichever is earlier.

Survivor's signature



When including this form with the initial claim for the survivor benefit, the survivor Pension ID field can be left blank as one has not been assigned yet.

EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this

5. Questions? Call customer service, toll-free, at (844) GO-INPRS Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Member's name (full name)	Social Security number (last 4 digits)*	Pension ID (PID) number
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SURVIVOR PAYEE INFORMATION

Survivor's name	Student survivor must sign this form.		Pension ID (PID) number	
Address (number and street)	Student survivor must sign this form.		State	ZIP Code
E-mail address	Student survivor must sign this form.		Other telephone number with area code	

SURVIVOR AFFIDAVIT

As a surviving child beneficiary payee under the provisions of the 1977 Police Officers' and Firefighters' Pension and Disability Fund, I understand that my survivor benefit payments from the ages of 18 to 22 are contingent upon confirmation that I am either enrolled in and regularly attending a secondary school, or a full-time student at an accredited college or university. I also understand that my benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature	Date (mm/dd/yyyy)
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EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this section, official documentation on school letterhead may be accepted. Example: transcript including term start and end dates.

Name of educational institution		
Type of educational institution	Beginning date of term (mm/dd/yyyy)	Ending date of term (mm/dd/yyyy)
<input type="checkbox"/> Secondary School <input type="checkbox"/> Accredited College or University		
City	State	ZIP Code

benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature

Date (mm/dd/yyyy)

EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this section, official documentation on school letterhead may be accepted. Example: transcript including term start and end dates.

Name of educational institution

Type of educational institution

Secondary School Accredited College or University

Beginning date of term
(mm/dd/yyyy)

Ending date of term
(mm/dd/yyyy)

City

State

ZIP Code

I certify that the survivor payee named on this form is enrolled as a full-time student for the term listed above.

Signature of principal, registrar, or school official

(mm/dd/yyyy)

Name (printed)

The survivor's educational institution must complete this section.

IC 36-8-8-13.8



IMPORTANT NOTE

In lieu of completing this section, official documentation listing the student's status and class schedule may be accepted if it is on the school's letterhead or has the school's official stamp.

benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature

Date (mm/dd/yyyy)

EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this section, official documentation on school letterhead may be accepted. Example: transcript including term start and end dates.

Name of educational institution

Type of educational institution

Beginning date of term
(mm/dd/yyyy)

Ending date of term
(mm/dd/yyyy)

Secondary School Accredited College or University

City

State

ZIP Code

I certify that the survivor payee named on this form is enrolled as a full-time student for the term listed above.

Signature of principal, registrar, or other school official

Date (mm/dd/yyyy)

Name (printed)

An individual form is required for each school term/semester/trimester, even for retroactive benefits.

IC 36-8-13.8

benefit payments will cease the month following my 23rd birthday, or the month following my last month as a full-time student, whichever is earlier.

Survivor's signature

Date (mm/dd/yyyy)

EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

Eligible educational institutions include only secondary schools and accredited colleges and universities. In lieu of completing this section, official documentation on school letterhead may be accepted. Example: transcript including term start and end dates.

Name of educational institution

Type of educational institution

Secondary School Accredited College or University

Beginning date of term
(mm/dd/yyyy)

Ending date of term
(mm/dd/yyyy)

City

State

ZIP Code

I certify that the survivor payee named on this form is enrolled as a full-time student for the term listed above.

Signature of principal, registrar, or other school official

Name (printed)

Title

If the student is receiving benefits for the spring semester, they will automatically receive retroactive benefits for the intervening summer months when they have been approved for fall semester benefits.

IC 36-8-13.8