

# Application for Survivor Benefits

(State Form 7045)

Use this form to file a claim for a pension survivor benefit for any eligible survivors.



## APPLICATION FOR SURVIVOR BENEFITS

State Form 7045 (R10 / 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](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://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. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. If not already submitted to INPRS, the following information must be attached to this application:
  - a. Member's death certificate
  - b. Birth Certificates – for surviving spouses and dependent children. Not required for deceased member. 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 – for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a marriage certificate or a court decree are acceptable.
4. Include an English translation of all foreign documents.
5. 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.
6. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

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

### SURVIVOR INFORMATION

The Police Officers' and Firefighters' Pension and Disability Fund provides for survivor benefits. A survivor, as defined by Public Law 9 (Special Session) of 1977, is each surviving child under the age of eighteen (18), unless disabled; the surviving spouse; or if there is no surviving child or spouse, the surviving parent or parents, if wholly dependent on the member. Pursuant to IC 36-8-8-13.8, IC 36-8-8-13.9 and IC 36-8-8-14.1 all surviving children are eligible to receive survivor benefits until each child becomes twenty-three (23) years of age if the child is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university. Please list information below for each beneficiary who is to receive any possible benefit payable by the Fund. If additional space is needed, please attach a separate sheet.

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  - c. Marriage license – for surviving spouse such as a photocopy of a marriage certificate
4. Include an English translation of any non-English documents.
5. This completed, signed, dated, and notarized form must be submitted 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.
6. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

<b>DECEASED MEMBER INFORMATION</b>			
Name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number	
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>		

### SURVIVOR INFORMATION

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Survivor name	Social Security number	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>	Relation to member	Student



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

Date of birth (mm/dd/yyyy)

Date of death (mm/dd/yyyy)

### SURVIVOR INFORMATION

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Survivor name		Social Security number*		Date of birth (mm/dd/yyyy)	
Address (number and street)		Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	Telephone number with area code		

Survivor name		Social Security number*		Date of birth (mm/dd/yyyy)	
Address (number and street)		Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	Telephone number with area code		

Survivor name		Social Security number*		Date of birth (mm/dd/yyyy)	
Address (number and street)		Relation to member		Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	ZIP Code	Telephone number with area code		

Complete this section listing each person (i.e., spouse, child, etc.) claiming a survivor benefit. If there are more than three (3) eligible survivors, attach a separate sheet listing the additional survivors' information.

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  - c. Marriage license – for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a marriage certificate or a court decree are acceptable.
4. Include an English translation of all foreign documents.
5. This completed, signed, dated, and notarized form must be delivered to the lobby of INPRS at the address indicated on this form. The lobby is open Monday through Friday, 9:00 a.m. to 4:00 p.m. ET, excluding holidays.
6. Questions? Call customer service at 1-800-455-7272, ext. 2000.

**Must provide supporting documentation (e.g., death certificate, marriage license, birth certificate, adoption paperwork, etc.). We will need an awards letter from SSA for any disabled children.**

Name	Pension ID (PID) number	
Address (number and street)	State	ZIP Code
Date of birth (mm/dd/yyyy)		

### SURVIVOR INFORMATION

The Police Officers' and Firefighters' Pension and Disability Fund provides for survivor benefits. A survivor, as defined by Public Law 9 (Special Session) of 1977, is each surviving child under the age of eighteen (18), unless disabled; the surviving spouse; or if there is no surviving child or spouse, the surviving parent or parents, if wholly dependent on the member. Pursuant to IC 36-8-8-13.8, IC

# COMPLETE WITH NOTARY

## SURVIVING SPOUSE MARRIAGE AFFIDAVIT

I hereby affirm I was married to \_\_\_\_\_, at the time of his/her death.

*Name of Member*

Signature	Printed name	Date (mm/dd/yyyy)
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## APPLICANT AFFIDAVIT

I, having been sworn, hereby submit the following:

- I am the person who completed this application.
- I have carefully read the instructions and have been provided with this information.
- All the information I have provided is true and no material facts have been concealed or omitted.

**If married, the surviving spouse will need to sign this section. This section will need to be signed in front of a Notary Public.**

Signature	Printed name	Date (mm/dd/yyyy)
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## 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*

SS:

SEAL

SURVIVING SPOUSE MARRIAGE AFFIDAVIT

I hereby affirm I was married to \_\_\_\_\_, at the time of his/her death.

# COMPLETE WITH NOTARY

## APPLICANT AFFIDAVIT

I, having been sworn, hereby submit this Application for Survivor Benefits and say under oath that:

- I am the person who completed this application;
- I have carefully read the form and understand the same, and that I have read all of the information I have been provided with this application, including all instructions and supplemental documents;
- All the information I have provided and the questions I have answered are full, complete and true, and no material facts have been concealed or omitted therefrom.

Signature

Printed name

Date (mm/dd/yyyy)

## NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me the undersigned, a

*Officer's county of residence*

*Officer's state of residence*

personally appeared \_\_\_\_\_

*Name of person*

and the applicant, being first duly sworn by me upon

the applicant's oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Signature*

**Applicant will need to sign this form in front of a Notary Public.**

I, having been sworn, hereby submit this Application for Survivor Benefits and say under oath that:

- I am the person who completed this application;
- I have carefully read the application, including all information provided, and have been provided with this information;
- All the information I have provided is true and correct, and no material facts have been concealed or omitted.

This section must be completed by the notary.

Signature

Date (mm/dd/yyyy)

### 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 applicant, being first duly sworn by me upon

the applicant'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)

IC 36-8-8-13.8, IC 36-8-8-13.9 and IC 36-8-8-14.1