



Pension Relief Worksheet Field Level Guide – Employer

The following is the guide for completing the field entries for the *Upload Pension Relief* screen in the Employer Reporting and Management (ERM) system **or** using the [Pension Relief Worksheet Template \(XLSX\)](#) in conjunction with this guide. These are available from the [Pension Secretaries Resources](#) page of the INPRS website.

- Member/Retiree refers to the individual who was employed by the police or fire department.
- Survivor/Beneficiary refers to the beneficiary (spouse/dependent child) of a deceased member who is receiving monthly retirement benefits from the police or fire department.

Figure 1: Upload Pension Relief Field Entries (ERM) as of 11/01/2025

Transaction Details

<p>Member SSN <input type="text"/></p> <p>Member First Name <input type="text"/></p> <p>Member Last Name <input type="text"/></p> <p>Member Date of Birth <input type="text" value="mm/dd/yyyy"/></p> <p>Member Retirement Date <input type="text" value="mm/dd/yyyy"/></p> <p>Member Date of Death <input type="text" value="mm/dd/yyyy"/></p> <p>Death Benefit Paid \$ <input type="text"/></p> <p>Total Benefits Paid Before Death \$ <input type="text"/></p> <p>Payee Type <input type="text" value=""/></p> <p>Payee SSN <input type="text"/></p> <p>Payee First Name <input type="text"/></p> <p>Payee Last Name <input type="text"/></p> <p>Member-Level Comments <input type="text"/></p>	<p>Payee Zip Code <input type="text"/></p> <p>Payee Date of Birth <input type="text" value="mm/dd/yyyy"/></p> <p>Payee Date of Death <input type="text" value="mm/dd/yyyy"/></p> <p>Total Benefits Paid Before Death \$ <input type="text"/></p> <p>Date Child Benefit Stopped <input type="text" value="m/d/yyyy"/></p> <p>Member Benefit % <input type="text"/></p> <p>Annual Benefit \$ <input type="text"/></p> <p>Monthly Payment Amount \$ <input type="text"/></p> <p>Drop Entry Date <input type="text" value="mm/dd/yyyy"/></p> <p>Salary Used to Calculate DROP \$ <input type="text"/></p> <p>Annual DROP Lump Sum \$ <input type="text"/></p> <p>INPRS Comments <input type="text"/></p> <p>Grand Total Paid \$ <input type="text"/></p>
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Figure 2: Pension Relief Excel Template Column Headings

	A	B	C	D	E	F	G	H		
1	Member SSN	Member First Name	Member Last Name	Member Date of Birth	Member Retirement Date	Member Date of Death	Member Death Benefit Paid	Member Total Benefits Paid Before Death		
	I	J	K	L	M	N	O	P	Q	R
1	Payee Type	Payee SSN	Payee First Name	Payee Last Name	Payee Zip Code	Payee Date of Birth	Payee Date of Death	Payee Total Benefits Paid Before Death	Date Child Benefit Stopped	Payee % of Member Benefit Received
	S	T	U	V	W					
1	Payee Annual Benefit	Payee Monthly Payment Amount	DROP Entry Date	Salary Used to Calculate DROP	Annual DROP Lump Sum					

Table 1: Upload Pension Relief Entry Fields (as of 11/01/2025)

Excel Column	Field (Column Heading)	Entry	Required	Definitions/Instructions
A	Member SSN	xxx-xx-xxxx	Required for ALL records on file	The Social Security number of the member, even if the member is deceased. This must be a valid SSN per Social Security Administration (SSA) rules.
B	Member First Name	Alpha	Required for ALL records on file	The first name of the member.
C	Member Last Name	Alpha	Required for ALL records on file	The last name of the member.
D	Member Date of Birth	mm/dd/yyyy	Required for ALL records on file	The date of birth of the member.
E	Member Retirement Date	mm/dd/yyyy	Required for ALL records on file	The retirement date of the member.
F	Member Date of Death	mm/dd/yyyy	Required if member is deceased	If the member is deceased, the member's date of death.
G	Death Benefit Paid \$	xxxxx.xx	Member Death Benefit Paid Required if member's date of death is in the year for which this report is being filed, and if the payment was made in the year for which this report is being filed.	Only populate this field if the member died in the year prior to the report submission date. This field is always populated with the amount of 12000.00 , which is the funeral benefits paid to the family of a deceased retiree.

Excel Column	Field (Column Heading)	Entry	Required	Definitions/Instructions
H	Total Benefit Paid before Death \$	xxxxx.xx	Member Total Benefits Paid Before Death Required if member's date of death is in the year for which this report is being filed, and if payments were made to the deceased member in the year for which this report is being filed.	Only populate this field if the member died in the year for which this report is being filed. This field is always populated with the total amount that the member (retiree) received before they died.
I	Payee Type	Regular Retired	Drop down Required for ALL records on file	Required for ALL records on file
		Survivor/Beneficiary	Drop down Required for ALL records on file	Required for ALL records on file
		Disability Retired	Drop down Required for ALL records on file	Required for ALL records on file
J	Payee SSN	xxx-xx-xxxx	Required for ALL records on file	The Social Security number of the payee. If the payee type is Survivor/Beneficiary, this must be different from the member SSN. This must be a valid SSN per SSA rules.
K	Payee First Name	Alpha	Required for ALL records on file	The first name of the payee who is receiving the monthly payments.
L	Payee Last Name	Alpha	Required for ALL records on file	The last name of the payee who is receiving the monthly payments.
M	Payee Zip Code	xxxxx	Required for ALL records on file. Only 5 digits can be entered.	Required for ALL records on file.
N	Payee Date of Birth	mm/dd/yyyy	Required for ALL records on file	The date of birth of the payee who is receiving the monthly payments. If the payee type is Survivor/Beneficiary, this must be different from the member date of birth.
O	Payee Date of Death	mm/dd/yyyy	Required if the payee is deceased	If the payee is deceased, the payee's date of death. If the payee type is Survivor/Beneficiary, this must be different from the member date of death.
P	Total Benefit Paid before Death \$	xxxxx.xx	Payee Total Benefits Paid Before Death Required if survivor/beneficiary date of death is in the year for which this report is being filed, and if payments were made to the deceased survivor/beneficiary in the year for which this report is being filed.	Only populate this field if the survivor/beneficiary died in the year for which this report is being filed. This field is always populated with the total amount that the survivor/beneficiary received before they died.
Q	Date Child Benefit Stopped	mm/dd/yyyy	Required if survivor/beneficiary was a dependent child and their benefit stopped in the year for which this report is being filed.	Only populate this field if the survivor/beneficiary is a dependent child and their monthly benefit was stopped in the year for which this report is being filed.

Excel Column	Field (Column Heading)	Entry	Required	Definitions/Instructions
R	Member Benefit %	xx	Payee % of Member Benefit Received Required if there is a member date of death and benefits are continuing to a survivor/beneficiary	The percentage of the member's benefit that is being paid to the survivor/beneficiary.
S	Annual Benefit \$	xxxxx.xx	Payee Annual Payment Amount Required for ALL records on file, except if there is a member date of death and no survivor/beneficiary, or if there is a payee date of death	This is the total gross benefits that were paid to the member for the entire year from January to December 2025 for which this report is being filed, or if the member is deceased to the survivor/beneficiary. If there is a member date of death and no survivor/beneficiary, this field must be left blank. If there is a payee date of death, this field must also be left blank. If the member date of death falls in December of the year for which the report is being filed, the amount in this field must be entered as a 0 (zero) if the survivor/beneficiary does not receive their first payment until the next year.
T	Monthly Payment Amount \$	xxxx.xx	Payee Monthly Payment Amount Required for ALL records on file with a non-deceased member or survivor/beneficiary.	This is the current gross monthly payment amount that is being paid as of January 2026 to either the member, or if the member is deceased, to the survivor/beneficiary. If all recipients are deceased, this field must equal 0 (zero).
U	DROP Entry Date	mm/dd/yyyy	Required if member was in the DROP and retired in the previous year	This is the member's DROP entry date if the member was in the DROP and has a retirement date in the year preceding this report.
V	Salary Used to Calculate DROP \$	xxxxx.xx	Required if the DROP Entry Date field is entered	This is the salary that was used to calculate the member's DROP lump sum payment if the member was in the DROP and has a retirement date in the year preceding this report.
W	Annual DROP Lump Sum \$	xxxxxx.xx	Required if the DROP Entry Date field is entered	This is the amount of the DROP lump sum which was paid if the member was in the DROP and has a retirement date in the year preceding this report.
X	Grand Total Payout			Calculated field