



1977 Police Officers'  
and Firefighters'  
Pension Secretaries Seminar  
June 19, 2023





## 1977 Pension Seminar Agenda

- Opening Remarks – **INPRS (10 – 10:10am)**
- RAC / DROP Presentation - **INPRS (10:10 -11am)**
- Pension Relief / Baseline Presentation - **INPRS (11-11:30am)**
- How to process death applications - **INPRS (11:30-Noon)**
  - Death of a member
  - Death in service
- Lunch (**12-1pm**)



## 1977 Pension Seminar Agenda (Cont.)

- Mentor Best Practice Discussion (1-3pm)
- Overview of a Pension Board
  - Pension board set up.
  - Effects of poor decisions as a pension board.
  - Roles and responsibilities of pension board.
- How to be an effective pension secretary?
- Disability Process
  - How are disability applications reviewed by the pension board?
  - Mental health disability laws and how the pension board deals with them?



# 1977 Police Officers' and Firefighters' Fund Benefits Presenter - Katrina Farley

(844) GO-INPRS  
[inprs.in.gov](http://inprs.in.gov)

# 1977 Fund

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This presentation explains the benefit provisions applicable to the members of the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund)

In the event there is a conflict between this presentation and the statutes, your benefits will be determined in accordance with the current 1977 Fund statutes.

# General Information

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- The 1977 Fund:
  - ✓ Provides retirement, disability and survivor benefits
  - ✓ Is funded by employer and employee contributions
  - ✓ Is administered by the Indiana Public Retirement System (INPRS) Board of Trustees

# Contributions

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## Employer Contributions

- ✓ 18% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11 (effective 2021)
- ✓ Rate is set by the INPRS Board

## Employee Contributions

- ✓ 6% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11
- ✓ Required until you have completed 32 years of service
- ✓ Employer may elect to “pick up” all or part of the employee contributions

# Designating Beneficiaries

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- Eligible dependents for members of the 1977 Fund are set by statute.
- If there are no eligible beneficiaries, you may designate one or more beneficiaries to receive the contributions plus interest.
- Contributions will be paid to your estate if no eligible dependents and no beneficiary(ies) are designated.





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# Retirement Benefits



# Retirement Benefits

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- Your retirement date is the day following your last day of service.
- You may select any date of the month for retirement provided retirement eligibility requirements are met
- Benefits are based on the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11
- Pension benefits are paid as a direct deposit on the 15<sup>th</sup> of each month.

# Normal Retirement Benefits (unreduced pension)

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- Lifetime monthly benefit
  - 52% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11,
  - in the year you retire if you:
    - ✓ have 20 years of service in the 1977 Fund,
    - ✓ are 52 years of age, and
    - ✓ have retired from service

*More than 20 years of service?*

Receive an additional 1% of the salary of a first class patrolman or first class firefighter, as defined in IC 36-8-1-11, for each 6 months of active service over 20 years, up to a maximum of 12 additional years. (ex: 30 years equals 72% of base salary)

# Early Retirement Benefits (reduced pension)

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- **Reduced** lifetime monthly benefits if you:
  - ✓ have 20 years of creditable service in the 1977 Fund, and
  - ✓ are at least 50 years of age

Ex:	<u>Early Retirement Age</u>	<u>Benefit Amount</u>
	51 years of age	94% of benefit paid at age 52
	50 years of age	88% of benefit paid at age 52

(The actuarial reduction factor is based on your early retirement age in years and months)



# Deferred Retirement Option Plan (DROP)

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# Deferred Retirement Option Plan (DROP)

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- Program made available to eligible members on January 1, 2003
- Available to members who are eligible for normal (unreduced) benefits
- You may make only one DROP election during your lifetime
- DROP allows you to:
  - ✓ Choose a retirement date, and
  - ✓ Continue to work in your 1977 Fund position for the DROP period

# DROP Participation

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- DROP Participation
  - Minimum 12 months but not more than 36 months
  - Any number of whole months between 12 and 36 months
  - Election period may begin on any day of the month
- When you enter the DROP, a DROP frozen benefit will be calculated based on the first-class officer salary and your total creditable service as of the date you enter the DROP.

# DROP Payment Options

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- Your DROP lump sum amount will be calculated based upon the number of full calendar months. This “accrued” amount may be paid out as a:
  - lump sum (less taxes);
  - rollover to an IRA (tax deferred); or
  - three annual installment payments (no interest earned while waiting for distribution)
- **Plus** *DROP frozen benefit* as a lifetime monthly payment



# DROP Enrollment Process

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- ✓ Request a DROP benefit estimate
- ✓ Complete “Application for Participation in the Deferred Retirement Option Plan” (form available online)
- ✓ Submit for INPRS review/approval prior to DROP entry date
- ✓ Send copy of DROP Enrollment Form to chief and/or hiring authority to provide them notice

# Tax Consequences

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- Retirement benefits are taxable. However, any post tax member contributions are recovered monthly according to IRS basis recovery rules. When you have recovered any basis your retirement benefit is 100% taxable.
- Tax withholding forms are completed during the online application process.
- If a Federal Tax Withholding form is not submitted, taxes are automatically withheld at a rate of single with 0 adjustments.

# Retirement Benefit Process

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## ***12 – 36 months prior to retiring:***

- ✓ Have you considered the DROP program?
- ✓ Prepare a benefit estimate using the online 1977 Fund calculator and request a service credit review through INPRS.
- ✓ Conduct a retirement needs calculation, review projected living expenses and estimated income.
- ✓ Verify that your personal information on file with the 1977 Fund is up to date.
- ✓ Gather information on other possible benefits, including Social Security.
- ✓ Select a retirement date that meets your retirement goals.

# Retirement Benefit Process

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## ***3 months prior to retiring:***

- ✓ Complete or review your Retirement Application by logging onto your account at [www.myinprsretirement.org](http://www.myinprsretirement.org).
- ✓ **Submit** your completed application along with the required documentation to INPRS.

# Application Submission Dates

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## Retirement Date

January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

## Submission Deadline

October 1  
November 1  
December 1  
January 1  
February 1  
March 1  
April 1  
May 1  
June 1  
July 1  
August 1  
September 1

# Working After Retirement

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- You may return to work with your previous employer after you have ended employment under certain circumstances.
- If your new position is not covered by the 1977 Fund, you may continue to receive your benefit when you return to work.
- There is no minimum period of separation before you can be hired into a PERF-covered position with the same employer if you are age 55 or older.
- If you are younger than 55, you must separate from service for 30 days before returning to work, if you meet certain conditions.
- Additional information can be found in IC 36-8-8-11.5

# Termination of Employment Options

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If you terminate your employment other than by death or disability

- *Less than 20 years of creditable service:*
  - Withdraw or rollover your 6% contributions and accumulated interest
  - Leave your account with the 1977 Fund (interest will accrue for only five years)
- *20 or more years of creditable service:*
  - Contributions will be held by the 1977 Fund until you become eligible for a benefit (full or reduced)



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# Disability Benefits





# Disability Benefits

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## Two Plans

### **Pre-1990 Plan**

Includes those members initially hired before January 1, 1990, unless they elected to be covered by the new disability plan adopted in 1990.

### **1990 Disability Plan**

Includes those members initially hired after December 31, 1989 and those hired on or before that date who elected coverage under this plan.

# Pre-1990 Disability Plan Benefits

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## To qualify for **Pre-1990 Disability Plan** Benefits:

1. Member must request a hearing, complete a disability application and obtain their medical records for presentation to local board.
2. Local pension board conducts a hearing to determine if the member has a covered impairment.
3. Local pension board provides INPRS with its Findings of Facts (FOF) and Conclusions of Law (COL), as well as its determination if there is suitable and available work for the member in their department.
4. INPRS' Medical Authority reviews medical documentation submitted by the local board and member.
5. INPRS reviews both local pension board's documentation and its Medical Authority's opinion to determine eligibility for disability benefits.
6. If eligible for disability benefits, the member will receive disability benefits equal to the member's full normal benefit at age 52 for the duration of his/her disability (however, the member may be subject to evaluation under IC 36-8-8-13.7)

\* It is important to note that the Local Board must follow all timelines and rules for hearings in IC 36-8-812.7, 12.3, 12.5, 13.4 et al, as well as 35 IAC 2-5 et al.



# 1990 Disability Plan Benefits

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## To qualify for **1990 Disability Plan** Benefits:

1. Member must request a hearing, complete a disability application and obtain their medical records for presentation to local board.
2. Local pension board conducts a hearing to determine if the member has a covered impairment and class of impairment (and if applicable, if the covered impairment was caused by an accidental injury).
3. Local pension board provides INPRS with its Findings of Facts (FOF) and Conclusions of Law (COL), as well as its determination if there is suitable and available work for the member in their department.
4. INPRS' Medical Authority reviews medical documentation submitted by the local board and member.
5. INPRS reviews both local pension board's documentation and its Medical Authority's opinion to determine eligibility for disability benefits.
6. If eligible for disability benefits, the member will receive disability benefits equal to the member's full normal benefit at age 52 for the duration of his/her disability (however, the member may be subject to evaluation under IC 36-8-8-13.7).

\* It is important to note that the Local Board must follow all timelines and rules for hearings in IC 36-8-812.7, 12.3, 12.5, 13.4 et al, as well as 35 IAC 2-5 et al.



# Excludable Medical Conditions Under Class 3 Disability

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If you are hired with a pre-existing excludable medical condition

- you will not be eligible for a Class 3 disability benefit when the impairment relates in any manner to the excludable condition.
- you will not be eligible to receive any Class 3 disability benefits for a period of four years after the date of hire or rehire, unless the Class 3 impairment is attributed to an accidental injury, as determined by the local board.

\*IC 36-8-8-12.3



# 1990 Disability Plan Benefits

Type of Impairment	Benefit Period	Event	Benefit Formula
<b>Class 1</b>	Remainder of the disabled member's life. At age 52 may be entitled to a monthly supplemental benefit.	<ul style="list-style-type: none"> <li>- Personal Injury on duty or off duty and responding to offense or emergency</li> <li>- Occupational disease</li> <li>- Health condition caused by exposure risk disease</li> </ul>	45% FCO salary + Add'l amount for degree of impairment (10%-45%) = total benefit
<b>Class 2</b>	Remainder of the disabled member's life. At age 52 may be entitled to a monthly supplemental benefit.	<ul style="list-style-type: none"> <li>- Duty related disease arising out of fund member's employment</li> <li>- Health condition caused by exposure related: heart or lung disease, cancer, or Parkinson's disease.</li> </ul>	22% of FCO salary base + 0.5% for each year service, up to 30 years + Add'l amount for degree of impairment (10% - 45%) = total benefit
<b>Class 3 (See Excludable Medical Conditions)</b>	Period equaling total years of service or until age 52	Covered impairment that is not class 1 or 2	1% FCO base salary x years of service (up to 30) + Add'l amount for degree of impairment (10% - 45%)



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# Survivor Benefits



# Survivor Benefits

	<b>Non- Line of Duty (Active Members)</b>	<b>Retirees</b>	<b>Line of Duty (Active Member)</b>
<b>Lump Sum Benefit</b>	\$12,000 to heirs or estate	\$12,000 to heirs or estate	\$225,000 to surviving spouse, children, or parents + \$12,000 to heirs or estate
<b>Surviving Spouse</b>	70% of eligible benefit payable for life	70% of member's benefit payable for life	100% of eligible benefit payable for life
<b>Each Surviving Child</b>	20% of eligible benefit payable to age 18 or 23 if full time student	20% of member's benefit payable to age 18 or 23 if full time student	20% of eligible benefit payable to age 18 or 23 if full time student
<b>Wholly dependent Parent(s) if no surviving spouse or child</b>	50% of eligible benefit payable for life	50% of member's benefit payable for life	50% of eligible benefit payable for life

# Survivor Benefits

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## Beneficiaries

- Eligible beneficiaries are set by law.
- If you are an active member and have no beneficiaries eligible for survivor benefits under the 1977 Fund law, you may designate a beneficiary for distribution of your contributions plus interest. If no eligible beneficiaries exist, your member account will be distributed to your estate.

## Children with Disabilities

- Benefits are paid continuously to disabled children for the duration of their physical or mental disability (regardless of age).
- Proof of disability must be submitted to INPRS & will be reviewed by INPRS Medical Authority.





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# INPRS Websites



# INPRS Public Website

[www.in.gov/inprs](http://www.in.gov/inprs)

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## Police and Firefighters

- [Forms](#)
- [Fast Facts](#)
- [Pension Relief Info](#)

### Membership Information

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- [1977 Police Officers' and Firefighters' Retirement Fund Handbook](#)

### Deferred Retirement Option Plan (DROP) Benefits

- [DROP Benefits FAQs](#)
- [DROP Benefits Worksheet](#)
- [DROP Benefits Online Calculator](#)

## Provides Access to:

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- 77 Fund Member Handbook
- Forms
- Benefit Calculators
- Event Calendar

# INPRS Secure Website

<https://www.myinprsretirement.org>

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- Register your account to gain access to:
  - Secure Calculators;
  - Retirement Application;
  - Payment History; and
  - Tax Documents.
  
- Manage account information including:
  - Demographic information;
  - Banking Information; and
  - Tax Withholdings.





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# Retirement Application



# 77 Fund Retirement Application

Welcome, [REDACTED]

## Ready to retire?

Then it's time to choose how you want to receive your retirement benefits. Click "Get Started" and we'll guide you through the benefit election process in four easy steps.



### Before you start, INPRS recommends that you:

- ✓ Review all of your potential income sources with a financial advisor and tax professional to determine how your benefit options may affect your overall financial picture.
- ✓ Have your bank account information ready — You will need it when selecting where to receive your retirement benefits.
- ✓ If you would like to include an eligible IRA or retirement plan outside of your existing INPRS accounts, you must roll over those funds to a Rollover Savings Account (RSA) prior to completing the Intent to Retire process.

Each time you select SAVE & CONTINUE to move on to the next page, your application progress is saved.

 [GET STARTED](#)

Pension ID: [REDACTED]

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[SAVE & CONTINUE](#)

[SAVE & LOG OFF](#)

### Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# 77 Fund Retirement Application



myINPRSretirement



## Choose Your Retirement Date and Plan

INPRS recommends that you meet with a Retirement Counselor to understand the differences between retiring with each of these plans.

\* Indicates required field

I want to retire from \*

1977 Police & Firefighters' Fund

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SAVE & CONTINUE ▶

[Redacted]

Pension ID: [Redacted]

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# 77 Fund Retirement Application



## Confirm Personal Information

Review your personal information below for accuracy.

\* Indicates required field

PERSONAL INFORMATION		
Name	Social Security Number	Pension ID (PID)
<input type="text"/>	--- -- <input type="text"/>	<input type="text"/>
Date of Birth	Telephone Number	
01/01/1965	<input type="text"/>	
Address		
123 Main Street Fishers, IN 46033 US		
Most Recent Employer	<input type="text"/>	
Certified Salary	79789.78	
Estimated Years of Service Credit	26.01	
Purchased Service Credit	00.00	
Marital Status *	<input type="text" value="Married"/>	
Citizenship *	<input type="text" value="United States"/>	
Country of Legal Residence *	<input type="text" value="United States"/>	
Gender *	<input type="text" value="Male"/>	

### Need to change your home address?

To change your address, click here. Once you submit a new address, a change of address confirmation will be sent to both your new and old addresses. It will take up to two business days for your change of address to be reflected in your account.

Please provide your personal email address for your confirmation(s). If you'd like to receive text notification(s), you may also provide your phone number.

Personal Email \*

Mobile Phone (optional)  (normal text messaging charges may apply)

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# 77 Fund Retirement Application



## Choose Your Retirement Date

Please indicate the date you want your retirement to begin. As a reminder, applications cannot be submitted for a retirement date more than six months in advance.

**PERF/PARF/TRF/C&E:** Your retirement date will fall on the first day of the month following your last day in pay. Please make sure the date selected falls within six months of submitting your application.

**1977 Fund:** Your retirement date is the day following your termination of employment.

**Judges:** Your retirement date is the day following your termination of employment. If you terminated your employment more than a month ago, you may not select a retirement date that is more than thirty days prior to submitting your retirement application.

\* Indicates required field

1977 FUND RETIREMENT ELIGIBILITY	
Normal	05/18/2023

I choose the following retirement eligibility type: \*

My Retirement Date \*

Select Month	Select Day	Select Year
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Please do not change my elected retirement date

- If this box is not checked, INPRS will use the earliest retirement date for you based upon your last day worked, and you will be paid any retroactive benefit due. By checking this box, you want INPRS to use the retirement date you selected and not an earlier retirement date should one be available. Your selected retirement date may be due a retroactive benefit based on the date of your initial payment. Once an application is processed we cannot amend an effective retirement date.

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# 77 Fund Retirement Application



myINPRRetirement

1 Confirm Information 2 Choose Benefits 3 Confirm Banking, Taxes & Upload Documents 4 Review & Confirm Elections

### Survivor Information

OPTIONAL: To see benefit estimates for joint and survivor annuity options, provide the survivor information below. Otherwise, leave this area blank and click SAVE & CONTINUE:

\* Indicates required field

First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Choose"/>
Date of Birth *			Social Security # *
<input type="text" value="Select Month"/>	<input type="text" value="Select Day"/>	<input type="text" value="Select Year"/>	<input type="text"/>
Country of Legal Residence *	<input type="text" value="Select country"/>		
Address *	City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship *	<input type="text" value="Spouse"/>		
Gender *	<input type="text" value="Choose"/>		
Telephone *	<input type="text"/>		
Email Address	<input type="text"/>		
Citizenship *	<input type="text" value="United States"/>		

⏪ BACK SAVE & CONTINUE ⏩

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# 77 Fund Retirement Application



myINPRStirement



## Choose Your Benefits

YOUR BENEFITS	
Member Joint and Survivor Normal Estimated Monthly Benefit	\$4255.45

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# 77 Fund Retirement Application

myINPRRetirement



## Tax Notices

### Tax Withholding Elections

You must make income tax withholding elections for your pension benefit payments and your ASA/RSA benefit payments. Please read the Special Tax Notice before making your tax elections.

### YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### GENERAL INFORMATION ABOUT ROLLOVERS

#### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies.)

\* Indicates required field

- I have read and understand the Special Tax Notice. \*
- I agree to the above statements. \*

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# 77 Fund Retirement Application



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## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

	PENSION
Projected Payment Amount	\$4255.45
Payment Frequency	Monthly

Complete the tax withholding for each distribution \*

Pension

Pension ID:

### Questions?



# 77 Fund Retirement Application



myINPRRetirement



## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

### Review the IRS tax withholding forms

Please review the Official IRS Form W-4P and its accompanying instructions before proceeding to enter your federal tax withholding elections.

Form **W-4P** Withholding Certificate for Periodic Pension or Annuity Payments  
Department of the Treasury Internal Revenue Service  
Give Form W-4P to the payer of your pension or annuity payments.  
OMB No. 1545-0074  
2023

**Step 1: Enter Personal Information**

(a) First name and middle initial \_\_\_\_\_ (b) Last name \_\_\_\_\_ (c) Social security number \_\_\_\_\_

Address \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_

Single or Married filing separately  
 Married filing jointly or Qualifying surviving spouse  
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

**Step 2: Income** Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2.  
Do only one of the following.

(a) Reserved for future use.  
(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(b), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "0" \$ \_\_\_\_\_

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities \$ \_\_\_\_\_

By checking the box associated with the statement "I acknowledge" and submitting this screen, I affirm that I have carefully read and understand the IRS Form W-4P and its instructions in their entirety to provide my tax withholding election(s).

I ACKNOWLEDGE

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Questions?

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# 77 Fund Retirement Application



## Tax Withholding

Review your personal information below for accuracy as it relates to your tax withholding.

	PENSION
Projected Payment Amount	\$4255.45
Payment Frequency	Monthly

If you have questions, [click here](#) to Learn More or call 1-844-GO-INPRS

### FEDERAL TAX WITHHOLDING FOR YOUR MONTHLY PENSION PAYMENT

Click [here](#) to view IRS Form W-4P

Please select one of the following options \*

- Do not withhold federal taxes from my pension payment
- Calculate withholding

Please select one of the following options \*

- Single or Married filing separately
- Married filing jointly or Qualifying widow(er)
- Head of household

Income from a job and/or multiple pension/annuities

Tax form Step 2

Claim dependents  
Tax form Step 3

Additional income  
Tax form Step 4a

Additional deductions  
Tax form Step 4b

Additional federal tax withholding  
Tax form Step 4c

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Questions?

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# 77 Fund Retirement Application

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## STATE AND COUNTY TAX WITHHOLDING FOR YOUR MONTHLY PENSION PAYMENT

Select your state of residence \*

Indiana

Select your county of residence \*

Select

### State tax withholding

The total of state and county tax must be \$10 minimum.

[Click here](#) to view the state and county tax rates.

0.00

### County tax withholding

The total of state and county tax must be \$10 minimum.

[Click here](#) to view the state and county tax rates.

0.00

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# 77 Fund Retirement Application



## Direct Deposit

Pension benefit payments may be directly deposited into your bank account. Make any necessary changes to your direct deposit information in the form below.

**IMPORTANT:** If you need to change your direct deposit banking information, you **MUST** change it here. Any direct deposit information on file with your INPRS account does not apply to the myINPR Retirement payments you are electing here.

\* Indicates required field

INSTITUTION FOR YOUR MONTHLY BENEFIT PAYMENT	
Routing Number  *	<input type="text"/>
Account Number  *	<input type="text"/>
Verify Account Number *	<input type="text"/>
Type of Account *	<input type="radio"/> Checking <input type="radio"/> Savings

INSTITUTION DETAILS			
Financial Institution Name <input type="text"/>			
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Telephone Number <input type="text"/>			

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### Questions?

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# 77 Fund Retirement Application

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I authorize INPRS to make credit entries of my recurring pension benefit payments to the bank account designated above. This includes authorization to correct entries made in error. Each payment is in full payment, satisfaction, and discharge of the amount then due and payable to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications. I will comply with the bank's procedures providing safeguards against withdrawals of deposits after my death. INPRS will determine and pay any survivor benefits. INPRS is authorized to make necessary debit entries to this account for any credits made in error. This authorization will remain in effect until canceled by written notice from me.

- I want to have my benefit payments directly deposited into the bank account listed above. \*
- I elect to not provide direct deposit information at this time and choose that a stored value card (SVC) be issued in my name and that my monthly payments be loaded to that card on a monthly basis. By selecting this option, I am also accepting the terms and conditions associated with the card, which are available [here](#).<sup>2</sup> \*

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<sup>2</sup> Stored Value Card is a re-loadable payment card which will be issued to you for the purpose of receiving your monthly benefit. This card functions like cash and should be treated as such.

◀ BACK

SAVE & CONTINUE ▶



# 77 Fund Retirement Application



myINPRRetirement



## Required Documents

### Get your documents ready!

If you have questions on documentation or do not have a way to upload them, call us at 1-844-GO-INPRS, and we can talk you through it!

Based on your benefit elections, you must provide the supporting documents listed below before any benefit payments can begin. If you cannot upload digital copies of these documents at this time, you may go ahead and submit your benefit election application without them.

Birth Certificate	Click to Upload	
Birth Certificate - Survivor	Click to Upload	

BACK

SAVE & CONTINUE

Pension ID:

HOME

CALCULATORS

SAVE & CONTINUE

SAVE & LOG OFF

### Questions?

1-844-GO-INPRS

SIGNUP FOR A RETIREMENT  
WORKSHOP

Note: This page only populates when the identity(ies) can't be confirmed online.



# 77 Fund Retirement Application



myINPRRetirement



## Summary of Benefit Payment Elections for Milford Caraballo-dp

Please review your elections carefully to make sure that everything is correct.

If you want to change something, select the BACK button in the section you wish to make your changes, which will take you back to that step in the online process.

If everything is correct, check the I AGREE box and click SUBMIT ELECTIONS to complete the process. Your elections will not be processed until you submit the I AGREE button.

Your first benefit payment is based on the wage and contribution information on file, as provided by your employer. After you receive your first benefit, if your employer submits additional wage and contribution information or if your service credit totals are adjusted, INPRS will review and recalculate your subsequent benefit payment to include them. This could potentially change your monthly benefit.

\* Indicates required field

YOUR PERSONAL INFORMATION		← BACK
Your Retirement Date	09/19/2023	
You Chose	Normal Retirement	
Your Date of Birth	<input type="text"/>	
Address on File	123 MAIN STREET FISHERS, IN 46033 US	
Most Recent Employer	<input type="text"/>	
Certified Salary	\$79,789.76	
Estimated Years of Service Credit	26.01	
Purchased Service	00.00	
Marital Status	Married	
Citizenship	US	
Country of Legal Residence	US	
Gender	Male	
Email Address	<input type="text"/>	
Mobile Phone	<input type="text"/>	

Pension ID:

HOME

CALCULATORS

SAVE & CONTINUE

SAVE & LOG OFF

Questions?  
1-844-GO-INPRS

SIGN UP FOR A RETIREMENT WORKSHOP



# 77 Fund Retirement Application

YOUR PENSION BENEFIT PAYMENT ELECTION		◀ BACK
You have elected to take the total amount of your 1977 Police & Firefighters' Fund pension benefit, paid directly as a monthly payment of \$4255.45.		

SURVIVOR DESIGNATION FOR 1977 POLICE & FIREFIGHTERS' FUND BENEFIT PAYMENT OPTIONS		◀ BACK
You have selected Army L. Caraballo as your survivor		
Name	<input type="text"/>	
Address	123 Main Street Fishers, IN 46033 US	
Social Security #	<input type="text"/>	
Date of Birth	<input type="text"/>	
Relationship	Spouse	
Gender	Female	
Telephone Number	<input type="text"/>	
Email Address	<input type="text"/>	

TAX WITHHOLDINGS		◀ BACK
Pension Tax Withholding Options		
You have elected to opt-out of automatic federal tax withholding for your monthly pension payment.		
State of Residence	Indiana	
State Tax Withheld	\$0.00	
County of Residence	Greene	
County Tax Withholding	\$0.00	

YOUR BANKING INFORMATION		◀ BACK
You have elected Direct Deposit		
Financial Institution Name	JPMORGAN CHASE	
Financial Institution Address	2ND FLOOR TAMPA, FL 33610	
Type of Account	<input type="text"/>	
Routing Number	<input type="text"/>	
Account Number	<input type="text"/>	
Telephone Number	800-677-7477	



# 77 Fund Retirement Application

REQUIRED DOCUMENTS		◀ BACK
To complete your application, please upload the required documentation.		
Proof of Birth	Missing	
Survivor Proof of Birth	Missing	

By submitting this online application, I affirm that I have carefully read (or in the case of disability, I have had read to me) and understand the application for retirement. All information is complete and true, represents my choices, and no material fact has been concealed or omitted. I understand that unless a statutory exception exists, my designations, options, and alternatives are irrevocable after my application has been processed. I affirm that I do not have a formal or informal agreement to be reemployed as of the date of submission of this application. I have had ample time to consider my choices and to seek counsel prior to making my elections for a retirement benefit payable to me according to Indiana Code, section 5-10.2, 5-10.3 and 5.10.4.

I AGREE \*

◀ BACK

SAVE & CONTINUE ▶

# Additional DROP Application Requirements



myINPRSretirement



## Choose Your Retirement Date

Please indicate the date you want your retirement to begin. As a reminder, applications cannot be submitted for a retirement date more than six months in advance.

**PERF/PARF/TRF/C&E:** Your retirement date will fall on the first day of the month following your last day in pay. Please make sure the date selected falls within six months of submitting your application.

**1977 Fund:** Your retirement date is the day following your termination of employment.

**Judges:** Your retirement date is the day following your termination of employment. If you terminated your employment more than a month ago, you may not select a retirement date that is more than thirty days prior to submitting your retirement application.

\* Indicates required field

1977 FUND RETIREMENT ELIGIBILITY	
Normal	05/18/2023
DROP	05/06/2023

I choose the following retirement eligibility type: \*

My Retirement Date \*

Please do not change my elected retirement date

- If this box is not checked, INPRS will use the earliest retirement date for you based upon your last day worked, and you will be paid any retroactive benefit due. By checking this box, you want INPRS to use the retirement date you selected and not an earlier retirement date should one be available. Your selected retirement date may be due a retroactive benefit based on the date of your initial payment. Once an application is processed we cannot amend an effective retirement date.

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[SAVE & CONTINUE →](#)

Pension ID:

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[SAVE & CONTINUE](#)

[SAVE & LOG OFF](#)

Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# Additional DROP Application Requirements



myINPRSretirement



## Understand Your Benefit Estimate

Please schedule an appointment with a Retirement Counselor who will calculate your benefit estimate.

[Retirement Workshop Signup](#)

Understanding the DROP Retirement Benefit

[WATCH](#)

### About your DROP Benefit

You may make a Deferred Retirement Option Plan (DROP) election only once in your lifetime. Once you are in the DROP, you may not change the duration of your chosen period and you may not pick a new retirement date. You are required to make the employee pension contributions to your retirement fund while you are in the DROP, just as you would if you were not in it. If your employer picks up any part of your employee contribution, then that pick up continues while you are in the DROP.

DROP is a retirement benefit that allows an eligible employee to choose a retirement date, then continue earning a salary while accumulating money that is payable as a lump sum or in three equal annual payments when retiring at the end of the DROP period. DROP participation is optional.

- A regular retirement benefit provides a lifetime monthly benefit check.
- A DROP retirement benefit provides a slightly lower lifetime monthly benefit check, which may be offset by the lump sum or three annual installment DROP payments.
- DROP is designed to pay the same total benefits as the regular retirement benefit over a normal lifespan.

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Pension ID:

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### Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# Additional DROP Application Requirements



myINPRSretirement



## Choose Your Benefit

### DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

- DROP Complete Distribution**  
I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):
- DROP Installment Payments**  
I want to take my DROP benefit as three annual systematic withdrawals. I understand my DROP money will not earn any interest over the three-year payout timeframe.

◀ BACK

SAVE & CONTINUE ▶

Pension ID:

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SAVE & LOG OFF

### Questions?

1-844-GO-INPRS

SIGNUP FOR A RETIREMENT  
WORKSHOP





# Additional DROP Application Requirements

myINPRRetirement



## Choose Your Benefit

### DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

**DROP Complete Distribution**

I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):

#### Taxable Portion:

- Paid directly to me (less mandatory 20% Federal Tax withholding)
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me (less mandatory 20% withholding).

#### Non-taxable Portion:

- Paid directly to me
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me.

Pension ID:

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[SAVE & LOG OFF](#)

### Questions?

[1-844-GO-INPRS](#)

[SIGNUP FOR A RETIREMENT WORKSHOP](#)



# Additional DROP Application Requirements

## DROP Benefit Payment Options

Please select ONE of the following benefit payment options. Your payment choice cannot be changed once this online form is submitted.

### DROP Complete Distribution

I want a complete distribution of my DROP benefit paid as indicated below. (Choose one payment option for taxable portion and one for non-taxable portion):

#### Taxable Portion:

- Paid directly to me (less mandatory 20% Federal Tax withholding)
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me (less mandatory 20% withholding).

#### FOR DROP ROLLOVERS

List the IRA or Qualified Retirement Plan that will accept a direct rollover of your taxable DROP benefit. INPRS will generate a check payable to this institution and mail it to your home address. Contact your institution to confirm how the check should be made out.

Plan/Trustee Name

Edward Jones

Your Name

#### Non-taxable Portion:

- Paid directly to me
- Direct rollover to the institution listed below
- % as a partial rollover to the institution listed below with the balance paid directly to me.

# 77 Fund Retirement Application

**myINPRRetirement**  
You've earned it. It's time to enjoy it.

**Confirmation of Benefit Payment Elections for** [Redacted]

Your benefit elections have been submitted to INPRS for processing. Please save or print a copy of this confirmation for your records. You will also receive an email confirming your successful election submission. For privacy purposes, the email confirmation will not include any of your personal information or elections. You may come back at any time to retrieve your information.

**Please consider the risk level of your investment choices.**  
The market may fluctuate between now and when you retire. You may make through the myINPRRetirement online system. Your last day in pay and 30 days after your chosen retirement date. To manage your risk, consider moving your money to a more conservative investment before your retirement date. Visit [myINPRRetirement.org](http://myINPRRetirement.org) before your retirement date.

Thank you for using myINPRRetirement. IN

**YOUR PERSONAL INFORMATION**

Your Retirement Date	09/19/2023
You Chose	Normal Retirement
Your Date of Birth	01/01/1965
Address on File	123 MAIN STREET FISHERS, IN 46033 US
Most Recent Employer	[Redacted]
Certified Salary	[Redacted]
Estimated Years of Service Credit	26.01
Purchased Service	00.00
Marital Status	Married
Citizenship	US
Country of Legal Residence	US

**Do you want to retire from Public Employees' Retirement Fund? You are allowed to retire from both. Please note that you may want to schedule an appointment with a Retirement Counselor so you fully understand your benefit estimates.**

Pension ID: [Redacted]

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Questions?  
1-844-GO-INPRS

[SIGN UP FOR A RETIREMENT WORKSHOP](#)



# 77 Fund Retirement Application



myINPRRetirement

You've earned it. It's time to enjoy it.



Welcome back, [REDACTED]

You have a retirement application in progress. However, you are still eligible to retire from another INPRS retirement plan. INPRS offers interactive calculators to help you estimate what your monthly benefit payment will look like when you're ready to retire. You can access the calculators at any point by clicking on [Calculators](#) in the menu.

## Your retirement applications

RETIREMENT APPLICATION # [REDACTED]

⚙️ RETIREMENT TRACKER

👁️ VIEW APPLICATION

✖️ CANCEL APPLICATION

Your 1977 Police & Firefighters' Fund Application has been submitted.

GET STARTED

Pension ID: [REDACTED]

🏠 HOME

📊 CALCULATORS

💾 SAVE & CONTINUE

🔒 SAVE & LOG OFF

Questions?

📞 1-844-GO-INPRS

SIGNUP FOR A RETIREMENT WORKSHOP



# INPRS Contact Information

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## Web site:

[www.INPRS.in.gov](http://www.INPRS.in.gov)

## e-mail:

[questions@INPRS.in.gov](mailto:questions@INPRS.in.gov)

## Phone:

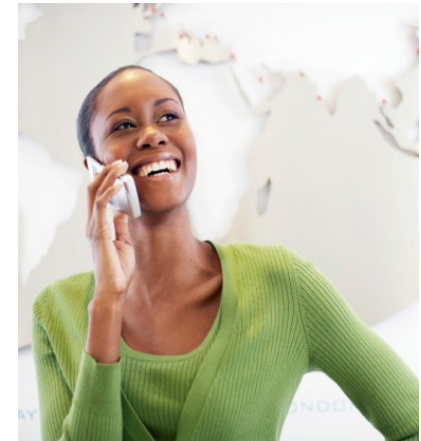
(844) 464-6777 (toll-free)

## Mailing Address:

INPRS

One North Capitol, Suite 001

Indianapolis, IN 46204



## Follow us on social media:



YouTube



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# Questions?





# Administrative & Legislative Updates

## Presenter - Katie Luzader

Employer Advocate Quality Coach

(844) GO-INPRS  
[inprs.in.gov](https://inprs.in.gov)



## 1977 Fund Rate

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- The current Employer rate is 18.0% *through Dec. 31, 2023.*
- The INPRS Board of Trustees voted on Oct. 28, 2022, to set the 2024 rate at 19.1% *effective Jan. 1, 2024, through Dec. 31, 2024.*



# Baseline Process Reminders

---

- Complete the baseline application, and send with completed medical requirements, **at least 30 days** prior to intended date of hire.
- Must be approved before enrollment and reporting Certified Salary wages and contributions to INPRS.
- SB 185 effective 5/1/2023
  - Increases the maximum age for a firefighter to be appointed to a fire department and become a member of the 1977 fund from 35 years of age to 39 years of age.
- Intent to Hire form may replace the need for a baseline application if lateral transfer is less than **180 days** from termination at previous unit. A lateral transfer is when a 1977 Fund member transfers from one 1977 fund unit to another 1977 fund unit or is rehired by the same 1977 fund unit.



# 1977 Fund Pension Relief

---

► **What is Pension Relief?** 1925 Fund for Police & 1937 Fund for Firefighters

	<b>Member in Pension Relief?</b>	<b>Definition &amp; Payment</b>
<b>Non-Covertees</b>	yes	Did not convert to the 1977 Fund Rules. Paid based on 1925 Fund for Police or the 1937 Fund for Firefighters. Do not get COLAs but get salary and longevity increases when the unit's 1977 Fund members get increases. Benefits paid by the individual city.
<b>Covertees</b>	yes	Did convert to the 1977 Fund Rules and are paid based on 1925 Fund for Police or the 1937 Fund for Firefighters. Benefits are paid by the individual city.
<b>Transferred and Converted</b>	no	These members are treated as if they are 1977 Fund members. All benefits and COLAs, are paid by INPRS.

# 1977 Fund Pension Relief Payments

---

- Payments to Unit(s)
  - June & October
- Reporting a death of a pensioner and/or a survivor
- Payments after a pensioner and/or survivor death
- Overpayments



# 1977 Fund Pension Relief Updates

---



- **Reporting Pension Relief**
  - Link in ERM
  - Deadlines
- **Updates to Reporting as of 1/1/2023**
  - **New input field**
    - Payee zip code requirement
  - **New Summary Page**
    - Summary report page similar to W&C reporting
  - **Revalidating is easier**
    - When editing a single record, the new Save and Revalidate button immediately validates the input data and shows the user any errors that result
  - **Updated “Revoke” Process**
    - INPRS is able to mark single records are “Revoked”
    - Only need to resubmit single records, not the entire report

# First-Class Officer Certified Salary (FCOS)

---

Effective July 1<sup>st</sup>, 2023, the definition of First-Class Officer Certified Salary (FCOS), located in IC 36-8-8-11, was amended to:

the **highest nonpromoted** salary of a patrolman or firefighter **plus all longevity increases**, if provided by the employer, for:

- (1) service of not more than twenty (20) years; or
- (2) service of more than twenty (20) years but not more than twenty-five (25) years if provided as a result of the meet and confer process under IC 36-8-22; but does not include remuneration or allowances for fringe benefits, incentive pay, holiday pay, insurance, clothing, automobiles, firearms, education, overtime, or compensatory time off.

# First-Class Officer Certified Salary (FCOS) Reminders & Updates

- FCOS is defined in IC 36-8-8-11 and is expected to be reported on a calendar year basis and due to INPRS by December 31<sup>st</sup> for the next year.
- FCOS wages and contributions are to be reported by the payroll date, not pay periods.
- If a revision is needed to the FCOS amount at any time during the year, please contact the Employer Advocate Team for further assistance.
  - One-time payment change
  - Potential need for adjustments for previously reported payroll dates dependent on revision effective date
- Changes coming soon for submission of your 2024 FCOS amounts. More to come!





## ERM Contact Cleanup

---

- Ensure your unit has Contact Types listed appropriately in ERM under the Manage Submission Unit Screen
- Baseline related emails are sent to the following Contact Types:
  - Authorized Agent/Clerk Treasurer
  - Chief
  - Pension Secretary
- Contact Types are used for mailing distribution lists from INPRS. Examples:
  - Certified Salary
  - Pension Relief
  - Rate Information

# How to Update ERM Contacts

---

- If the contact is inactive, use the following steps:
  - Click Modify next to the contact's name
  - Change the status from Active to Inactive, click Save

If you have a new contact not located in ERM, use the following steps:

- Click the box Add Contact
- Enter the new contact's information and assign Contact Types, click Save
- If you have a contact that needs ERM User Roles:
  - Click Administration, then Users
  - Click Create User or Modify User to update as needed





# Employer Advocate Team Contact Information

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[www.inprs.in.gov](http://www.inprs.in.gov)



[eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)



Toll-Free  
(888) 876-2707







# 1977 Police Officers' and Firefighters' Death Application Forms

Presenter – Jeff Horne

# 77 Fund Death Benefit Forms

Locating forms on  
INPRS.IN.gov

## 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)

## TRANSFER UNDER THE INDIANA UNIFORM TRANSFERS TO MINORS ACT

State Form 53674 (R5 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (Toll-free)  
Fax: (866) 591-9441 (Toll-free)

## CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR SPOUSES ONLY

State Form 53684 (R8 / 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)

## SMALL ESTATE AFFIDAVIT

State Form 54794 (R8 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
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)

- 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 the form.
  2. Type or print using black ink. Complete all information.
  3. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address shown on the form. The agency is closed on weekends and holidays, including all State-designated holiday periods.
  4. Questions or changes? Call customer service at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. Eastern Standard Time.

Member's name \_\_\_\_\_  
**DECEASED MEMBER INFORMATION**



Search INPRS

- Home
- Plan Info
- Employers
- Retirement and Investment Education
- Member Forms**
- About Us
- Publications
- Contact Us
- Log on to myINPRSretirement.org

## Helping you realize your retirement dreams.

Log on to your INPRS account





## Member Forms

INPRS > Member Forms

TRF Forms

'77 Fund Forms

JRS Forms

PARF Forms

EG&C Fund Forms

LRS Forms

## PERF Member Forms

Update Your Personal Information

Manage Your Account

Apply for ...

State Employees' Death Benefit Fund

Other Forms

### Change the Beneficiary on Your Account

- [Change Your Beneficiary -- Active Member \(PERF Hybrid plan only\)](#)
- [Change Your Beneficiary -- Active Member \(PERF My Choice plan only\)](#)
- [Change Your Beneficiary \(GSSP\)](#)

### Change Your Name on Your Account



# '77 Fund Member Forms

Update Your Personal Information

Request a Benefit Estimate

Apply for ...

Other Forms

- [Change Your Beneficiary](#)
- [Enroll in the '77 Fund](#)

## Purchase or Request a Review of Service Credit

- [Purchase Prior In-State Service Credit](#)
- [Purchase Out of State Service Credit](#)
- [Purchase Prior Military Service Credit](#)
- [Purchase Service Credit in Other Indiana Public Retirement Funds](#)
- [Request a Review of Your Service Credit](#)

## Update Additional Personal Information

- [Authorization for an Insurance Premium Deduction](#)
- [Insurance Carrier Agreement](#)
- [Submit a Forgery Affidavit](#)





# '77 Fund Member Forms

Update Your Personal Information

Request a Benefit Estimate

Apply for ...

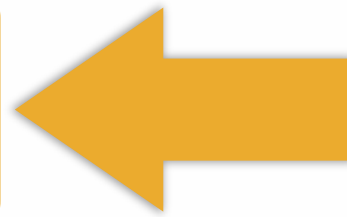
Other Forms

## Your Monthly Retirement Benefit

- [Apply for the Deferred Retirement Option Plan \(DROP\)](#)
- Looking for the 1977 Fund Retirement Application? Click [here](#) for more information.
- [Apply for a Disability Benefit](#)
- [Get information about taxes on INPRS benefits](#)

## Survivor Benefits

- [Apply for Survivor Benefits](#)
- [Apply for a Lump Sum Death Benefit \(Spouse\)](#)
- [Apply for a Lump Sum Death Benefit \(Non-Spouse\)](#)
- [Apply for a Public Safety Officer Line of Duty Death Benefit \(Spouse, Child, or Dependent Parent\)](#)
- [Apply for a Transfer Under the IN Uniform Transfers to Minors Act](#)
- [Full-Time Student Confirmation Form](#)
- [Submit Affidavit for Small Estate](#)
- [Disclaim a Benefit \(as a beneficiary\)](#)





# 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

- 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.
- 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.
- If not already submitted to INPRS, the following information must be attached to this application:
  - Member's death certificate
  - 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.
  - 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.
- Include an English translation of all foreign documents.
- 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.
- 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 (last 4 digits)*		Pension ID (PID) number	
Address (number and street)			City	State	ZIP Code
Date of birth (mm/dd/yyyy)			Date of death (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 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.

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)	

\* 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 order, or other evidence relating to date of birth
  - c. Marriage license – for surviving spouses such as a photocopy of a marriage certificate or other evidence
4. Include an English translation of any foreign documents.
5. This completed, signed, dated, and initialed form must be returned 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.

### 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. If there is no surviving child or spouse, the surviving parent or parents, if wholly dependent on the member. IC 36-8-8-13.9 and IC 36-8-8-14.1 all surviving children are eligible to receive survivor benefits until they reach (23) years of age if the child is enrolled in and regularly attending a secondary school or college or university. Please list information below for each beneficiary who is to receive any possible benefits. If additional space is needed, please attach a separate sheet.



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

Survivor name		Social Security number	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		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 <i>(mm/dd/yyyy)</i>
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### 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.

Survivor name		Social Security number*	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		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 <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		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 <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		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.



# 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

- 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.
- Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID
- If not already submitted to INPRS, the following information must be attached to this application:
  - Member's death certificate
  - 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.
  - 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.
- Include an English translation of all foreign documents.
- This completed, signed, dated, and notarized form must be delivered to the lobby of INPRS at the address indicated on this form. The office is closed on weekends and holidays.
- Questions? Call customer service at 1-844-GO-INPRS, 9 a.m. ET.

**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 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.

Survivor name	Social Security number*	Date of birth (mm/dd/yyyy)
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# 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)

## APPLICANT AFFIDAVIT

I, having been sworn, hereby certify that:

- I am the person who completed this application.
- I have carefully read the application, including all 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.

have been provided with this

and no material facts have

Signature

Printed name

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

*Name of person*

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

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

*Signature*

Name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**SURVIVING SPOUSE MARRIAGE AFFIDAVIT**

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

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**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)
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**NOTARY PUBLIC CERTIFICATION**

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

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

Before me the undersigned, a \_\_\_\_\_, \_\_\_\_\_,  
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'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)

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



# 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](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 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 (full name)	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 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)

#### 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)





# 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](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 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 on one side of the form. Social Security number at the top of each page as requested.
3. A separate State Form 55949 must be completed for each surviving child payee. The form must 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 Saturdays, Sundays, and public holidays.
5. Questions? Call customer service, toll-free, at (844) GO-INPRS 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
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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	

### 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 me being a full-time student 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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If you do not know the deceased member's Pension ID number, leave this field blank.

### EDUCATIONAL INSTITUTION INFORMATION AND CONFIRMATION

\* 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 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 1-800-455-7272.

**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 my being in and regularly attending a secondary school, or a full-time student at an accredited college or university. My 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 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		

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	Student survivor must sign this form.		Pension ID (PID) number	
Address ( <i>number and street</i> )	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 ( <i>mm/dd/yyyy</i> )
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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

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

Date (*mm/dd/yyyy*)

### 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)

#### 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 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.

### 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)

### 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

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

### 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)

### 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 \_\_\_\_\_

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

# Lump Sum Death Benefit (Spouse Only)

Use this form if the Lump Sum Death Benefit is being claimed by a spouse.



## CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR SPOUSES ONLY

State Form 53684 (R8 / 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 will not 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.
3. The surviving spouse who is a duly appointed administrator of the deceased member's estate or as a distributee listed on the [Small Estate Affidavit \(State Form 54794\)](#) must complete this form and the affidavit. **The completed, signed, dated, and notarized affidavit must be submitted if this benefit is not paid to an estate.**
4. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
5. If you are claiming this benefit as a distributee, you must complete the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that State Form 53685 is the most recent version. **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit is not paid to the estate.**
6. 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.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Deceased member's 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>		

### APPLICANT INFORMATION

Applicant's name			
Address <i>(number and street)</i>		City	State ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	

### Complete only ONE of the following:

EIN if claiming for an estate: <ul style="list-style-type: none"> <li>• Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>• Complete the remainder of this form, as applicable.</li> </ul>	EIN Number
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form <ul style="list-style-type: none"> <li>• Complete the remainder of this form, as applicable.</li> <li>• Complete the <a href="#">Small Estate Affidavit (State Form 54794)</a>. <b>The completed, signed, dated, and</b></li> </ul>	SSN of Claimant <i>(last 4 digits)*</i>

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form will not 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.
3. The surviving spouse who is a duly appointed administrator of the deceased member's estate or as a distributee listed on the [Small Estate Affidavit \(State Form 54794\)](#) must complete this form and the affidavit. **The completed, signed, dated, and notarized affidavit must be submitted if this benefit is not paid to an estate.**
4. If a claim is filed by an administrator of the estate, a copy of the court appointment and a copy of the court document showing the tax liability must be submitted with this form and the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. **The completed, signed, dated, and notarized affidavit must be submitted with this form.**
5. If you are claiming this benefit as a surviving spouse, you must complete this form and the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that the affidavit is signed, dated, and notarized. **The completed, signed, dated, and notarized affidavit must be submitted with this form.**
6. This completed, signed, dated, and notarized affidavit must be submitted with this form to the Claims Department of INPRS at the address indicated on this form. The agency is closed on weekends and during all State-designated holidays.
7. 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.

### DECEASED MEMBER INFORMATION

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

### APPLICANT INFORMATION

Applicant's name			
Address (number and street)		City	
Telephone number with area code	Other telephone number with area code	E-mail	



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

#### Complete only ONE of the following:

EIN if claiming for an estate: <ul style="list-style-type: none"> <li>• Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>• Complete the remainder of this form, as applicable.</li> </ul>	EIN Number
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form <ul style="list-style-type: none"> <li>• Complete the remainder of this form, as applicable.</li> </ul>	SSN of Claimant (last 4 digits)*





**notarized affidavit must be submitted if this benefit is not paid to an estate.**

4. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
5. If you are claiming this benefit as a distributee, you must complete the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that State Form 53685 is the most recent version. **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit is not paid to the estate.**
6. 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.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Deceased member's 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> )			

### APPLICANT INFORMATION

Applicant's name					
Address ( <i>number and street</i> )		City		State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address			
<b>Complete only ONE of the following:</b>					
EIN if claiming					
<ul style="list-style-type: none"><li>• Required: Letters Testamentary or Letters of Administration. The required court documents must be submitted with this claim form.</li><li>• Complete the remainder of this form, as applicable.</li></ul>					
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form				SSN of Claimant ( <i>last 4 digits</i> )*	
<ul style="list-style-type: none"><li>• Complete the remainder of this form, as applicable.</li><li>• Complete the <a href="#">Small Estate Affidavit (State Form 54794)</a>. The completed, signed, dated, and notarized affidavit must be submitted with this claim form.</li></ul>					

**If claiming the payment for an ESTATE, you must include a copy of the Letters Testamentary or Letters of Administration, and the IRS notification letter assigning the Estate Identification Number (EIN).**

### PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (*select only one*):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).
- Choice B** – All in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf.
- Choice C** – *Select only if you want a partial rollover amount of at least \$500.*

I elect to have a part of my \$12,000 lump sum death benefit paid in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf. The part of the taxable portion of the

**notarized affidavit must be submitted if this benefit is not paid to an estate.**

4. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
5. If you are claiming this benefit as a distributee, you must complete the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that State Form 53685 is the most recent version. **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit is not paid to the estate.**
6. 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.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

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

### APPLICANT INFORMATION

Applicant's name		City		State	ZIP Code
Address (number and street)		City		State	ZIP Code
Telephone number		E-mail address			
EIN if claiming for an estate		EIN Number			
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form		SSN of Claimant (last 4 digits)*			

**If claiming the payment for an INDIVIDUAL, you must include a completed, signed, dated, and notarized Small Estate Affidavit.**

- Required: Letters Testamentary or Letters of Administration. **The required court documents must be submitted with this claim form.**
- Complete the remainder of this form, as applicable.

• Complete the remainder of this form, as applicable.  
• Complete the [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form.**

### PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (select only one):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).
- Choice B** – All in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf.
- Choice C** – *Select only if you want a partial rollover amount of at least \$500.*

I elect to have a part of my \$12,000 lump sum death benefit paid in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf. The part of the taxable portion of the

APPLICANT INFORMATION

Applicant's name

Address (number and street)

City

State

ZIP Code

Telephone number with area code

Other telephone number with area code

E-mail address

Complete only ONE of the following:

EIN if claiming for an estate:

- Required: Letters Testamentary **must be submitted**
- Complete the remainder of this form

The spouse has the option of rolling over the payment to an IRA or having the payment made to spouse directly.

EIN Number

Social Security Number if claiming for this form

- Complete the remainder of this form, including the [Small Estate Affidavit \(State Form 510\)](#), completed, signed, dated, and notarized affidavit must be submitted with this claim form

SSN of Claimant (last 4 digits)\*

PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (select only one):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).
- Choice B** – All in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf.
- Choice C** – *Select only if you want a partial rollover amount of at least \$500.*

I elect to have a part of my \$12,000 lump sum death benefit paid in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf. The part of the taxable portion of the distribution which is not directly rolled over will be paid directly to me (less the mandatory withholding for Federal income tax) in the amount of \$ \_\_\_\_\_.

## FOR DIRECT ROLLOVER ONLY

If any portion of the lump sum death benefit is being paid in the form of a direct rollover, they must complete this section with the trustee information. Otherwise, leave blank.

CLAIM FOR \$12,000 LUMP SUM  
State Form 53684

Deceased member's name

Security number (last 4 digits)\*

Pension ID (PID) number

### PAYMENT ELECTION *(Continued)*

**COMPLETE THIS SECTION ONLY IF YOU ELECT CHOICE B OR C.**

Trustee name

IRA account number, if applicable

Name of eligible 401(a), 403(a), 403(b), 408(a), 408(b), or governmental 457(b) retirement plan or eligible IRA.

Name:

I represent that the designated plan is a qualified retirement plan or an Individual Retirement Account (IRA) which has provisions allowing it to accept direct rollovers on my behalf. The 1977 Fund should make the direct rollover check for the amount above payable to the above-named trustee.

Signature of applicant

Printed name of applicant

Date (mm/dd/yyyy)

### FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$\_\_\_\_\_.

### STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION

Box 1: Indiana residents - Indiana income tax withholding for Indiana residents is optional on payments from INRPS. If you elect to

**CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR SPOUSES ONLY**

State Form 53684

Deceased member's name	Pension ID (PID) number
<b>COMPLETE THIS SECTION</b>	
Trustee name	
Name of eligible 401(a), 403(a) Name:	e IRA.
I represent that the designated allowing it to accept direct roll to the above-named trustee.	(A) which has provisions for the amount above payable
Signature of applicant	Date (mm/dd/yyyy)

**FOR DIRECT PAYMENT ONLY**

If any portion of the lump sum death benefit is being paid directly to the applicant, 20% federal tax will automatically be withheld. The applicant can elect to have additional federal taxes above the 20% withheld from the payment. If the entire benefit is being rolled over, leave blank.

**FEDERAL INCOME TAX WITHHOLDING ELECTION**

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$\_\_\_\_\_.

**STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION**

Box 1: Indiana residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

- If you elect to have Indiana state income tax withheld. Provide the amount to be withheld.
- If you also elect to have Indiana county income tax withheld. Provide the amount to be withheld and the county applicable.

Box 2: Indiana residents electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents –Check Box 3 if you are not a resident of Indiana. Note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax

## FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

*Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.*

I elect additional federal income tax withholding of \$ \_\_\_\_\_

## STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION

Box 1: Indiana residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

- If you elect to have Indiana state income tax withheld. Provide the amount to be withheld.
- If you also elect to have Indiana county income tax withheld. Provide the amount to be withheld and the county applicable.

Box 2: Indiana residents electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents – Check Box 3 if you are not a resident of Indiana. Note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their distribution.

*Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.*

Box 1: I am an Indiana resident electing to have:

Indiana state income tax withheld from the taxable portion of my distribution.

Indiana county income tax withheld from the taxable portion of my distribution.  
amount of \$ \_\_\_\_\_ for \_\_\_\_\_

*You must also have state income tax withheld to elect this option.*

Box 2: Indiana resident electing **NOT** to have Indiana income tax withheld from your distribution *does not relieve you from paying such tax.*

Box 3: I am not a resident of Indiana.

### FOR DIRECT PAYMENT ONLY

If any portion of the lump sum death benefit is being paid directly to the applicant, it may be subject to state and county taxes. The applicant can elect to have state and county taxes withheld. If the entire benefit is being rolled over, leave blank.

I, \_\_\_\_\_, having been sworn, hereby submit this Claim for \$12,000 L

- I hereby certify that I am the person who completed this application;
- I have carefully read the form and understand the same and the contents of 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;
- I have received and read the Special Tax Notice supplied with this state form.

Signature of applicant

Printed name of applicant

Date (mm/dd/yyyy)

Box 3: Non-residents –Check Box 3 if you are not a resident of Indiana. Note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their distribution.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

Box 1: I am an Indiana resident electing to have:

Indiana state income tax withheld from the taxable portion of my distribution in the amount of \$ \_\_\_\_\_.

Indiana county income tax withheld from the taxable portion of my distribution in addition to Indiana state income tax in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ County.

*You must also have state income tax withheld to elect county income tax withholding.*

Box 2: Indiana resident electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying state tax.*

Box 3: I am a resident of Indiana.

# COMPLETE WITH NOTARY

## DECLARATION

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit and say under oath that:

- I hereby certify that I am the person who completed this distribution 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;
- I have received and read the Special Tax Notice supplied with this state form.

Signature of applicant

Printed name of applicant

Date (mm/dd/yyyy)

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



**CLAIM FOR \$12,000 LUMP SUM**  
State Form 53684

This section must be completed by the notary.

Deceased member's name _____	(last 4 digits)* _____	Pension ID (PID) number _____
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**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 the applicant, being first duly sworn by me upon the

*Name of person*

applicant's oath, 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)*

**NOTARY ONLY**

# Lump Sum Death Benefit (Non-Spouse)

Use this form if the Lump Sum Death Benefit is being claimed by someone other than a spouse.



## CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR NON-SPOUSE

State Form 53685 (R7 / 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

- 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.
- Type or print using black ink.
- This claim form must be completed by the duly appointed administrator of the deceased member's estate or an heir listed on the [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to the estate.**
- If this claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
- If you are claiming this benefit as a distributee, you must submit a [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
- This completed, signed, dated, and notarized 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.
- Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Deceased member's 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> )		

### APPLICANT INFORMATION

Applicant's name			
Address ( <i>number and street</i> )		City	State ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	

#### Complete only ONE of the following:

EIN if claiming for an estate: <ul style="list-style-type: none"> <li>Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>Complete the remainder of this form, as applicable.</li> </ul>	EIN Number
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form: <ul style="list-style-type: none"> <li>Complete the remainder of this form, as applicable.</li> </ul>	SSN of Claimant ( <i>last 4 digits</i> )*

\* 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 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.
3. This claim form must be completed by the duly appointed administrator of the deceased member's estate or an heir listed on the [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to the estate.**
4. If this claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the appointment.
5. If you are claiming this benefit, include both a copy of the court order establishing the appointment and a copy of the court document showing the appointment. **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
6. This completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate. If INPRS at the address indicated on the form. The agency is closed on designated holidays.
7. 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.**

DECEASED MEMBER INFORMATION			
Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number	
Address (number and street)	City	State	ZIP Code
Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)		

**APPLICANT INFORMATION**

Applicant's name			
Address (number and street)		City	State ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	

**Complete only ONE of the following:**

EIN if claiming for an estate: <ul style="list-style-type: none"> <li>• Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>• Complete the remainder of this form, as applicable.</li> </ul>	EIN Number
--	------------

this claim form if this benefit will not be paid to the estate.

4. If this claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
5. If you are claiming this benefit as a distributee, you must submit a [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
6. This completed, signed, dated, and notarized 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.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

Deceased member's name	<b>Complete this section listing the applicant's demographic information.</b>	*	Pension ID (PID) number
Address (number and street)			State      ZIP Code
Date of birth (mm/dd/yyyy)			(mm/dd/yyyy)

<b>APPLICANT INFORMATION</b>			
Applicant's name			
Address (number and street)	City	State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	
<b>Complete only ONE of the following:</b>			
EIN if claiming for an estate: <ul style="list-style-type: none"> <li>Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>Complete the remainder of this form, as applicable.</li> </ul>		EIN Number	
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form: <ul style="list-style-type: none"> <li>Complete the remainder of this form, as applicable.</li> <li>Complete the <a href="#">Small Estate Affidavit (State Form 54794)</a>. <b>The completed, signed, dated, and notarized affidavit must be submitted with this claim form.</b></li> </ul>		SSN of Claimant (last 4 digits)*	

### FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the *Special Tax Notice* included with this form for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$ \_\_\_\_\_.

this claim form if this benefit will not be paid to the estate.

- If this claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
- If you are claiming this benefit as a distributee, you must submit a [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
- This completed, signed, dated, and notarized 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.
- Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Address (number and street)		City	State	ZIP Code	
Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)			

### APPLICANT INFORMATION

Applicant's name					
Address (number and street)		City	State	ZIP Code	
Telephone number with area code	Other telephone number with area code	E-mail address			
<b>Complete only ONE of the following:</b>					
EIN if claiming as administrator:					
<ul style="list-style-type: none"><li>Required: Letters Testamentary or Letters of Administration. The required court documents must be submitted with this claim form.</li><li>Complete the remainder of this form, as applicable.</li></ul>					
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form:				SSN of Claimant (last 4 digits)*	
<ul style="list-style-type: none"><li>Complete the remainder of this form, as applicable.</li><li>Complete the <a href="#">Small Estate Affidavit (State Form 54794)</a>. The completed, signed, dated, and notarized affidavit must be submitted with this claim form.</li></ul>					

**If claiming the payment for an ESTATE, you must include a copy of the Letters Testamentary or Letters of Administration, and the IRS notification letter assigning the Estate Identification Number (EIN).**

### FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the *Special Tax Notice* included with this form for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$ \_\_\_\_\_.

this claim form if this benefit will not be paid to the estate.

- If this claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
- If you are claiming this benefit as a distributee, you must submit a [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
- This completed, signed, dated, and notarized 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.
- Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Address (number and street)		City		State	ZIP Code
Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		

### APPLICANT INFORMATION

Applicant's name					
Address (number and street)		City		State	ZIP Code
Telephone number (include area code)					
<b>If claiming the payment for an INDIVIDUAL, you must include a completed, signed, dated, and notarized Small Estate Affidavit.</b>				EIN Number	
Complete only if claiming for an estate: <ul style="list-style-type: none"> <li>Required: Letters Testamentary or Letters of Administration. <b>The required court documents must be submitted with this claim form.</b></li> <li>Complete the remainder of this form, as applicable.</li> </ul>					
Social Security Number if claiming with the <a href="#">Small Estate Affidavit (State Form 54794)</a> submitted with this form:				SSN of Claimant (last 4 digits)*	
<ul style="list-style-type: none"> <li>Complete the remainder of this form, as applicable.</li> <li>Complete the <a href="#">Small Estate Affidavit (State Form 54794)</a>. <b>The completed, signed, dated, and notarized affidavit must be submitted with this claim form.</b></li> </ul>					

### FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the *Special Tax Notice* included with this form for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$ \_\_\_\_\_.

Address (number and street)	City	State	ZIP Code
Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)		

**APPLICANT INFORMATION**

Applicant's name			
Address (number and street)	City	State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	
<b>Complete only ONE of the following:</b> EIN if claiming for an estate: <ul style="list-style-type: none"> <li>Required: Letters Testamentary must be submitted with this form.</li> <li>Complete the remainder of the form.</li> </ul>		EIN Number	
Social Security Number if claiming for an estate: <ul style="list-style-type: none"> <li>Complete the remainder of the form.</li> <li>Complete the <a href="#">Small Estate Affidavit</a> (Form 706-ES), signed, dated, and notarized affidavit must be submitted with this form.</li> </ul>		SSN of Claimant (last 4 digits)*	

**20% federal tax will automatically be withheld. The applicant can elect to have additional federal taxes above the 20% withheld from the payment.**

**FEDERAL INCOME TAX WITHHOLDING ELECTION**

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the *Special Tax Notice* included with this form for additional information.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$ \_\_\_\_\_.

**CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR NON-SPOUSE**

State Form 53685

Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION**

Box 1: Indiana residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

- If you elect to have Indiana state income tax withheld, provide a dollar amount to be withheld.
- If you also elect to have Indiana county income tax withheld, provide a dollar amount to be withheld and the county applicable.

Box 2: Indiana residents electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents – Check Box 3 if you are not a resident of Indiana. Note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applied to their distribution.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

Box 1: I am an Indiana resident and elect to have the following withholdings. *You must also have state income tax withheld to elect county income tax withholding.*

Indiana state income tax withheld from my distribution in the amount of \_\_\_\_\_

Indiana county income tax withheld from my distribution in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_

*You must also have state income tax withheld to elect county income tax withholding.*

Box 2: Indiana resident electing **NOT** to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.

Box 3: I am not a resident of Indiana.

**This payment may be subject to state and county taxes. The applicant can elect to have state and county taxes withheld.**

**DECLARATION**

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit and say under oath that:

- I hereby certify that I am the person who completed this distribution 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 claim, 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



advisor to determine whether state tax applied to their distribution.

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

Box 1: I am an Indiana resident and elect to have the following withholdings. *You must also have state income tax withheld to elect county income tax withholding.*

Indiana state income tax withheld from my distribution in the amount of \$ \_\_\_\_\_.

Indiana county income tax withheld from my distribution in addition to Indiana state income tax in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ County.

*You must also have state income tax withheld to elect county income tax withholding.*

Box 2: Indiana resident electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from my distribution will result in a state income tax liability on my distribution.*

Box 3: I am not a resident of Indiana.

# COMPLETE WITH NOTARY

## DECLARATION

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit and say under oath that:

- I hereby certify that I am the person who completed this distribution 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 claim, 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.
- I have received and read the Special Tax Notice supplied with this state form

Signature of applicant

Printed name of applicant

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 \_\_\_\_\_ and the applicant, being first duly sworn by me upon the

Name of person

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)

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

Box 2: Indiana resident electing NOT to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: I am not a resident of Indiana.

**DECLARATION**

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit and say under oath that:

- I hereby certify that I am the person who completed this distribution 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 claim, including a
- All the information I have provided is true, correct, and no material facts have been concealed or omitted;
- I have received and read the information provided to me, and no material facts have

This section must be completed by the notary.

Signature of applicant

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 Name of person 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)

**NOTARY ONLY**

# Small Estate Affidavit

(State Form 54794)

This form must be completed if filing a claim for the lump sum death benefit for a person/s not an estate.



## SMALL ESTATE AFFIDAVIT

State Form 54794 (R8 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
 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 your Social Security number pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

### 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 the form.
2. Type or print using black ink. Complete all information.
3. This completed, signed, dated, and notarized 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.
4. Questions or changes? Call customer service at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DECEASED MEMBER INFORMATION

Member's name	Social Security number* ( <i>last 4 digits</i> )	Pension ID (PID) number
Address ( <i>number and street</i> )		Date of death ( <i>mm/dd/yyyy</i> )
City	State	ZIP Code

### AFFIDAVIT

#### Claimant Information

This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of the completed, signed, dated, and notarized form with the other claimant information.

Claimant's name	Social Security number* / Trust EIN	Date of birth ( <i>mm/dd/yyyy</i> )
Address ( <i>number and street</i> )		Portion of account being claimed
City	State	ZIP Code

Claimant's name	Social Security number* / Trust EIN	Date of birth ( <i>mm/dd/yyyy</i> )
Address ( <i>number and street</i> )		Portion of account being claimed
City	State	ZIP Code

#### Affiant Information

Item 1 of the Affiant Information section is based on the Date of Death entry in the DECEASED MEMBER INFORMATION section of this form.

I, \_\_\_\_\_, the affiant herein and pursuant to [IC 29-1-8-1](#), [IC 29-1-8-1\(b\)\(1\)](#) being duly sworn, attest that the following statements are true:

1. The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed fifty thousand dollars (\$50,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2006 and before July 1, 2022**,



**SMALL ESTATE AFFIDAVIT**  
 State Form 54794 (R8 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
 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 your Social Security number pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

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

1. Remove any instruction pages from this form. This form is to be submitted to the Indiana Public Retirement System (INPRS) at the address indicated on the form.
2. Type or print using black ink.
3. This form must be completed, signed, dated, and notarized by the claimant in the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION		
Member's name	Social Security number* (last 4 digits)	Pension ID (PID) number
Address (number and street)		Date of death (mm/dd/yyyy)
City	State	ZIP Code

**AFFIDAVIT**

**Claimant Information**

This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of the completed, signed, dated, and notarized form with the other claimant information.

Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City	State	ZIP Code

**DECEASED MEMBER INFORMATION**

Member's name	Social Security number* (last 4 digits)	Pension ID (PID) number
Address (number and street)		Date of death (mm/dd/yyyy)
City	State	ZIP Code

**AFFIDAVIT**

**Claimant Information**


This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of the completed, signed, dated, and notarized form with the other claimant information.

Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City	State	ZIP Code
Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City		ZIP Code

**Complete this section naming the person (claimant) who should receive payment.**

Item 1 of the Affiant Information section of this form. **DECEASED MEMBER INFORMATION** section of this form.

I, \_\_\_\_\_, the affiant herein and pursuant to [IC 29-1-8-1](#), [IC 29-1-8-1\(b\)\(1\)](#) being duly sworn, Affiant's name attest that the following statements are true:

 **IMPORTANT NOTE** This is a generic state form. Only one (1) person can claim the Lump Sum Death Benefit. While this form provides fields for multiple claimants, the Lump Sum Death Benefit will not be divided amongst claimants.

- Forty-five (45) days have elapsed since the death of the member.
- No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- The aforementioned person(s) are entitled to the portion of the deceased member's account as shown above.
- I have notified each person identified in this affidavit of my intention to present this affidavit.
- I am entitled to payment or delivery of the property on behalf of each person identified in this affidavit.

Affiant's signature	Affiant's name (printed)	Date (mm/dd/yyyy)
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Address (number and street)		Portion of account being claimed
City	State	ZIP Code
Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City	State	ZIP Code

# COMPLETE WITH NOTARY

## Affiant Information

Item 1 of the Affiant Information section is based on the Date of Death entry in the DECEASED MEMBER INFORMATION section of this form.

I, \_\_\_\_\_, the affiant herein and pursuant to [IC 29-1-8-1](#), [IC 29-1-8-1\(b\)\(1\)](#) being duly sworn, attest that the following statements are true:

Affiant's name

- The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed fifty thousand dollars (\$50,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2006 and before July 1, 2022**,  
**or**  
The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed one hundred thousand dollars (\$100,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2022**.
- Forty-five (45) days have elapsed since the death of the member.
- No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- The aforementioned person(s) are entitled to the member's account as shown above.
- I have notified each person identified in the member's account as shown above.
- I am entitled to payment of the member's account as shown above.

Affiant's signature

Date (mm/dd/yyyy)

This section is completed by the person filling out and signing the form (Affiant) in front of a notary public. In some circumstances, the Affiant and the Claimant are not the same person.

This section must be completed by the notary.

Member's name	Member number (last 4 digits)	Pension ID (PID) number
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NOTARY PUBLIC CERTIFICATION	
State of _____	
County of _____	SS: _____
Before me the undersigned, a Notary Public for _____	County State of _____
_____	Officer's county of residence Officer's state of residence
personally appeared _____	Name of person _____
and the affiant, being first duly sworn by me upon the affiant'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) _____

NOTARY ONLY



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# Questions?







# 1977 Police Officers' and Firefighters' Mentor Best Practice Discussion

(844) GO-INPRS  
[inprs.in.gov](https://inprs.in.gov)



## Mentor Panelist:

Pat Scher – Huntington PD

Adam Miller – Carmel PD

Blake Lytle – Carmel PD

Gerard Ellis - South Bend FD

Todd Wilson – Indianapolis FD

Bill Parker - Bloomington PD

Jansen Rollins – Gary FD



## Mentor Best Practice Discussion (1-3pm)

- Overview of a Pension Board
  - Pension board set up.
  - Effects of poor decisions as a pension board.
  - Roles and responsibilities of pension board.
- How to be an effective pension secretary?
- Disability Process
  - How are disability applications reviewed by the pension board?
  - PTSD laws and how the pension board deals with them?