ENROLLMENT FORM FOR SPECIAL DEATH BENEFIT COVERAGE

Indiana Public Retirement System
Attn: Finance Department
One North Capitol, Suite 001
Indianapolis, IN 46204
Telephone: (888) 876-2707 (Toll-Free)
Fax: (317) 234-6692
email: eppa@inprs.in.gov
website: www.inprs.in.gov

INVOICE #[ ]
DATE: [ ]
FOR INTERNAL USE ONLY

TO:

NAME	
COMPANY NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	

If you want to purchase Special Death Benefit coverage, please complete this form and return to the Indiana Public Retirement System using the address listed above. Our finance department will prepare an invoice based on the number of employees you want to cover. Your payment is due within 30 days of billing. One-year coverage begins on the latter of Jan. 1 or the date your payment is received. Coverage is required for your entire staff.

This benefit applies to:

- Emergency medical service providers employed by a person who has contracted with a political subdivision;
- Emergency medical service providers performing air ambulance services employed by a health care system affiliated with a state educational institution;
- Police officers and firefighters* who work for non-state post-secondary educational institutions;
- Police officers employed by an operator**, and
- Firefighters who work for a public use airport that maintains a fire department.

**accredited by the North Central Association*
*** under IC 8-22-3-34(b)*

If someone on your staff separates from employment, you are required to cover his or her position. If new staff is hired, you are required to cover new positions. Please indicate below if you are replacing or adding new officers to your staff.

Calendar year: _____ Number of persons to be covered: _____

NAME OF COVERED INDIVIDUAL	POSITION

By submitting this enrollment form you are certifying that your organization is authorized by law to participate in this program.

NAME OF COVERED INDIVIDUAL	POSITION