

STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

APPLICATION FOR DEPENDENT DEATH BENEFITS

INSTRUCTIONS TO THE APPLICANT

NOTE: *The guardian of the child(ren) under 18 years of age of the deceased member may apply if the member left no surviving widow or widower.*

1. **ATTACH** a photocopy of your marriage certificate.
2. **ATTACH** a photocopy of the birth certificate for each (unmarried) child under age 18, or mentally and physically incapacitated, regardless of age, with proof of their incapacity. Birth certificates **must** indicate the names of both parents.
3. **RETURN** to the Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

Name of Deceased Member

Social Security Number of Deceased Member's Death

PART I - CLAIMANT INFORMATION

YOUR Name

YOUR Relationship to the Deceased

YOUR Social Security Number

YOUR Date of Birth

YOUR Telephone Number

PART II - DEPENDENT INFORMATION

I certify that the following (unmarried) children of the deceased member survive him/her and are under 18 years of age or a child regardless of age who is mentally or physically incapacitated (if you need to list additional children, please submit an attachment with this application). I understand that if benefits payable on behalf of the children are paid to me for the use of the children, that I will advise the retirement system when each child becomes eighteen years of age or marries before age eighteen and is no longer eligible for the benefit allotted to such child.

(LAST NAME, FIRST, MIDDLE) _____

Male Female

Birthdate _____
Month, Day, Year

_____ Social Security Number

(LAST NAME, FIRST, MIDDLE) _____

Male Female

Birthdate _____
Month, Day, Year

_____ Social Security Number

(LAST NAME, FIRST, MIDDLE) _____

Male Female

Birthdate _____
Month, Day, Year

_____ Social Security Number

PART III - SIGNATURE AND ADDRESS

I do hereby make application for the death benefit payable from the retirement system.

Today's Date: _____, 20 _____

YOUR Complete Mailing Address

YOUR Signature