CD-1182-0826

State of New Jersey • Department of the Treasury

PFRSNJ DISABILITY RETIREMENTS

P.O. Box 297, Trenton, NJ 08625-0297

APPLICATION FOR ACCIDENTAL 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.

Please return the completed application to the address above.

PART 1 — DECEASED MEMBER'S INFORMATION

_____ _____/_____/_____

Deceased Member's Name *Date of Death*

_____ _____

Deceased Member's Social Security Number *Deceased Member's Pension Number*

PART 2 — CLAIMANT INFORMATION

_____ _____

Your Name *Your Relationship to Deceased*

_____ _____/_____/_____ _____

Your Social Security Number *Your Date of Birth* *Your Phone Number*

_____

Your Complete Mailing Address (Street, City, State, Zip)

PART 3 — DEPENDENT INFORMATION

Attach a photocopy of the member's death certificate, and a photocopy of the birth certificate for each (unmarried) child under the age of 18*, or mentally or physically incapacitated child, regardless of age, with proof of their incapacity. Birth certificates must indicate the names of both parents. Benefits will cease on the 1st of the month after the child's 18th birthday.

_____ _____/_____/_____ _____

Child's Last Name, First, Middle *Date of Birth* *Social Security Number*

_____ _____/_____/_____ _____

Child's Last Name, First, Middle *Date of Birth* *Social Security Number*

_____ _____/_____/_____ _____

Child's Last Name, First, Middle *Date of Birth* *Social Security Number*

PART 4 — SIGNATURE

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

_____ _____/_____/_____

Your Signature *Date*

**A child may also mean an unmarried child under the age of 24 who is enrolled in college in a degree program for at least 12 hours per semester.*