



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES**

P.O. Box 295, Trenton, NJ 08625-0295

**EMPLOYER CERTIFICATION: DEATH CLAIM FOR PERS/TPAF/PFRS/SPRS MEMBERS**

Retirement System (Check One):  PERS  TPAF  PFRS  SPRS

1. Name of Deceased \_\_\_\_\_ 2. Membership Number \_\_\_\_\_

3. Date Employed \_\_\_\_\_ 4. Social Security Number \_\_\_\_\_

5. Last Day of Active Service \_\_\_\_\_ 6. Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Last day member was at work)*

7. Did the member die within their first year of active service?  No  Yes

8. Was death due to an accident in the course of employment?  No  Yes

9. Was the member terminated?  No  Yes

10. Was member on an official leave of absence with or without pay?  No  Yes — If Yes, you must give date granted, reason, and supporting documentation.

L/A With Pay \_\_\_\_\_  L/A Without Pay \_\_\_\_\_  Other \_\_\_\_\_  
*(Date) From - To (Date) From - To (Date) From - To*

Reason For Leave \_\_\_\_\_

If the member was on a leave of absence without pay, please attach leave of absence documentation such as: a resolution, board minutes, PMMS records, FMLA papers, Disability/Workers' Compensation documents, etc. This information is required for all members who were on a leave of absence at the time of their death to ensure their heirs receive group life insurance. All documentation dated after the member's date of death cannot be accepted.



## INSTRUCTIONS

This form must be filed in all cases where a member of a State-administered retirement system dies while in active status with an employer.

It is necessary to answer all questions completely. This will avoid unnecessary correspondence and expedite the payment of the claim.

**Item 10:** This item must be completed in its entirety. Failure to do so will delay the processing of this claim.

**Item 11:** The "10/12 Month Period" certification should be identical to the "Quarterly Report of Contributions."

**Item 11:** State agencies reporting deductions through the State Centralized Payroll Unit should send a screen print of the TREADHOC bi-weekly certification with this form in lieu of the "10/12 Month Period" certification on the front of this form.

**Item 12:** Example - Member dies January 2, 2021. During the last year of employment, the member had an annual salary of \$26,000 effective September 1, 2020, \$24,000 effective May 1, 2020, and \$21,000 effective September 1, 2019. Item 10 would be completed as follows:

<u>\$26,000</u>	<u>9/1/20</u>	<u>\$24,000</u>	<u>5/1/20</u>	<u>\$21,000</u>	<u>9/1/19</u>
Salary	Effective Date	Salary	Effective Date	Salary	Effective Date