



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES
P.O. Box 295, Trenton, NJ 08625-0295
EMPLOYER CERTIFICATION — ACCIDENTAL DEATH ON DUTY

Mail your completed form to Beneficiary Services at the above address

Check one: [] Public Employees' Retirement System (PERS) [] Teachers' Pension and Annuity Fund (TPAF)
[] Police and Firemen's Retirement System (PFRS) [] State Police Retirement System (SPRS)

Name of deceased member _____

Position held at time of death _____ Membership No. _____

Name of Employer _____ County _____

Time and date of fatal accident _____ [] A.M. [] P.M.
Time Day Month Year

Exact place of accident _____
Street City State County

Time and date of death _____ [] A.M. [] P.M.
Time Day Month Year

Detailed description of the accident which caused member's death (attach additional pages if necessary) _____

Names and addresses of any witnesses to the accident _____

Do employer records acknowledge and describe the accident? [] Yes [] No

When was employer's record of the accident made? _____

Was employee hospitalized after accident? [] Yes [] No If so, name and address of hospital and inclusive dates of hospitalization _____

Has the employer made an official determination that the member died as a result of an accident arising out of, and in the course of, his or her employment which is not the result of his willful negligence? [] Yes [] No If so, please attach a copy of the official proceedings and the final determination.

Was the employee performing his or her regular assigned duties at the time of the accident? [] Yes [] No

The specific duties assigned the employee at the time of the accident were _____

Employee's immediate supervisor at time of accident? _____

Name Title

Was an autopsy performed to show cause of death? [] Yes [] No

I hereby certify the information shown above is true and correct to the best of my knowledge and belief.

_____/_____/_____
Certifying Officer's Signature Date

Certifying Officer's Telephone Number _____