



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION**

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

**JUDICIAL RETIREMENT SYSTEM (JRS)  
APPLICATION FOR SURVIVOR BENEFITS**

I, \_\_\_\_\_, hereby make application to the Judicial Retirement System (JRS), for benefits due me as the surviving \_\_\_\_\_ of \_\_\_\_\_ who until  
*relationship of applicant* *name of deceased member*

his or her death on \_\_\_\_/\_\_\_\_/\_\_\_\_, was an  Active  Retired member of the JRS.  
*mm dd yyyy*

Date of marriage/partnership: \_\_\_\_\_

Deceased's date of birth: \_\_\_\_\_

Deceased's date of retirement: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE  
DECEASED'S DEATH CERTIFICATE**

The following children (see definition below) survive this member:

\_\_\_\_\_ born on \_\_\_\_\_  
\_\_\_\_\_ born on \_\_\_\_\_  
\_\_\_\_\_ born on \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant* *Date*

\_\_\_\_\_  
*Street Name* *City* *State* *Zip Code*

**ELIGIBLE SURVIVORS ARE:**

**Widow or Widower** — A person of the opposite sex to whom the member was married for at least four years\* as of the date of death and who has not remarried. A photocopy of the *Marriage Certificate* is required for verification.

**Civil Union Partner** — A person of the same sex as defined by P.L. 2006, c.103 (Chapter 103), with whom the member was partnered in a civil union for at least four years\* as of the date of death and who has not entered into a new civil union. A photocopy of the *New Jersey Civil Union Certificate* or a valid certification from another jurisdiction that recognizes same-sex civil unions is required for verification. See the *Civil Union & Domestic Partnerships* Fact Sheet for more information.

**Domestic Partner** — A person of the same sex as defined by P.L. 2003, c.246 (Chapter 246), with whom the member was partnered in a domestic partnership for at least four years\* as of the date of death and who has not entered into a new partnership or civil union. A photocopy of the *New Jersey Certificate of Domestic Partnership* dated prior to February 19, 2007, or a valid certification from another jurisdiction that recognizes same-sex domestic partners is required for verification. See the *Civil Union & Domestic Partnerships* Fact Sheet for more information.

**Parent(s)** – means your parent(s) who was(were) receiving at least one-half support from you in the 12 months immediately preceding your death.

**Child(ren)** — your unmarried child(ren) under the age of 18; under the age 21 and attending school full time; or any age, who at the time of the member's death, is disabled because of mental of physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last or be expected to last for a continuous period of not less than 12 months as affirmed by the Medical Review Board.

*\*If the member died as a result of an accident during the performance of his or her regular or assigned duties, and the death was not a result of willful negligence, the four year requirement is waived.*