



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

**ELIGIBILITY REGISTRATION FORM —
STATE POLICE RETIREMENT SYSTEM (SPRS)**

In accordance with P.L. 2021, c. 75 (Chapter 75), this Eligibility Registration Form allows certain surviving spouses, former surviving spouses, and children of an SPRS retiree who died between October 1, 2011, and July 1, 2019, to apply for an Accidental Death Benefit provided that the death occurred as a result of working or volunteering in 9/11 World Trade Center rescue, recovery, or cleanup operations.

I hereby submit this statement to apply for this benefit as an eligible beneficiary and certify the decedent participated in the rescue, recovery, or cleanup operations at the World Trade Center site between September 11, 2001, and October 11, 2001, or September 11, 2001, and/or September 12, 2001, as described in Options A and B below.

DECEDENT INFORMATION (Please print)

Retirement Number _____

Social Security Number _____ Date of Death ____/____/____

Name _____
*Last First Middle***CLAIMANT INFORMATION** (Please print)Name _____
*Last First Middle*Address _____
Street City State Zip Code

Email Address _____

Phone Number _____ Relationship to Decedent _____

PERIOD WORKED OR VOLUNTEERED (Check A or B)

- A** The decedent was present and worked or volunteered in the rescue, recovery, or cleanup operations at the World Trade Center for a total of eight (8) hours or more between September 11, 2001, and October 11, 2001, on the following dates and location(s) and for the number of hours specified:

Date ____/____/____ Location _____ Number of hours _____

Date ____/____/____ Location _____ Number of hours _____

Date ____/____/____ Location _____ Number of hours _____

Date ____/____/____ Location _____ Number of hours _____

- B** The decedent was present and worked or volunteered in the rescue, recovery, or cleanup operations at the World Trade Center for a total of less than eight (8) hours or more between September 11, 2001, and/or September 12, 2001, and sustained a documented physical injury that prevented the decedent from continuing to participate in the World Trade Center rescue, recovery, or cleanup operations:

Date ____/____/____ Location _____

Option B continued on next page

ELIGIBILITY REGISTRATION FORM

Option B continued

Description of physical injury (please attach all documentation in support of the physical injury which prevented the decedent from continuing to participate in the World Trade Center rescue, recovery, or cleanup for a minimum of eight hours):

If you are unable to submit the required documentation, explain how you attempted to obtain it and the reason you are unable to provide it.

By my signature, I attest that I have answered the questions on the *Eligibility Registration Form* truthfully, to the best of my knowledge, information, and belief. Further, I understand that any person who knowingly and willfully makes any false statement, misrepresentation, concealment of fact, or any other act of fraud in submitting this *Eligibility Registration Form* to which that person is not entitled is subject to punishment inclusive of civil and/or administrative remedies, as well as criminal prosecution, which may provide for punishment of a fine or imprisonment.

_____/_____/_____
Signature Date

State of _____

County of _____

Sworn and Subscribed before me on this _____ day of _____, 20_____.

(Affix notary stamp here)

Notary Public Signature

My Commission Expires ____/____/____

Return Completed Form To:

**New Jersey Division of Pensions & Benefits
Beneficiary Services
P.O. Box 295
Trenton, NJ 08625-0295**