



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — CLAIMS

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

DEATH BENEFIT STATUS QUESTIONNAIRE

Member Name _____ Membership Number _____

A review of the death claim certification and related documents indicates that additional information will be necessary to determine, in accordance with the provisions of the statute, whether or not the member was on an approved leave of absence at the time of death. In order to obtain the information necessary to make this determination, each of the following questions must be answered and copies of the following records must be submitted with this questionnaire:

- Payroll records Indicating last deduction from salary for pension, Social Security, health benefits, etc.;
- Attendance records or timesheets; and
- Last payroll which recorded the member’s absence.

If necessary, please elaborate on your answers to each question in the Comments section below.

1. Was the member on an approved leave of absence at the time of death? Yes No

If Yes, answer questions a, b, c, and d below:

a. Indicate the start date of the leave of absence _____/_____/_____
 Date

b. Indicate the reason for the leave of absence:

- Medical Maternity Fulfillment of residency requirement for advanced degree
- Full-time enrollment at institution of higher education
- Other (please specify)

c. Was there a written or verbal communication between the employer and the deceased member or his/her family, notifying him/her of the approval of the leave of absence?

Yes No

If Yes, submit copy of written communication concerning the leave. In the event verbal approval of leave was given, have the official who granted the leave submit a notarized statement affirming his/her action.

d. Did the employer make any record of the leave on the date it was granted? Yes No

If Yes, submit copy of leave record.

Comments _____

2. Does the governing body have an official leave of absence policy applicable to the member?

Yes No

a. If Yes, did the employer follow the official leave of absence policy in this instance? Yes No

If Yes, please submit details or a copy of the leave of absence policy.

b. If No, why not? _____

3. Was the member's service terminated prior to the date of death? Yes No

If Yes, what action was taken to terminate service of the deceased member? _____

Termination Date _____ / _____ / _____
Date

4. Did the certifying officer indicate that the member was on leave of absence in the "remarks" column of the quarterly pension report (AOC)? Yes No

If No, why not? _____

5. Was the member covered by health and/or other employee benefits at the time of death?

Yes No Explain _____

6. Was the member's job/position being held for his/her return after the leave of absence?

Yes No If No, please explain _____

7. Was the member carried on the payroll to the date of death regardless of whether the member was actually being paid?

Yes No Explain _____

8. If known, was the deceased member receiving or entitled to receive Workers' Compensation benefits or any other comparable benefits? Yes No

If Yes, please submit a copy of any verifiable documentation including a copy of the Workers' Compensation award letter.

Print Certifying Officer Name

Employing Agency/County

Phone Number

Signature of Certifying Officer

Date