



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**

Please attach a copy of the decedent's death certificate.

**PART 1 — DECEASED MEMBER INFORMATION**

_____	_____ / ____ / ____
<i>Deceased Member's Name</i>	<i>Date of Death</i>
_____	_____
<i>Deceased Member's Social Security Number</i>	<i>Deceased Member's Pension Number</i>

**PART 2 — CLAIMANT INFORMATION**

_____	_____
<i>Your Name</i>	<i>Your Relationship to Deceased</i>
_____	_____ / ____ / ____
<i>Your Social Security Number</i>	<i>Your Date of Birth</i>
_____	_____
<i>Your Complete Mailing Address (Street, City, State, Zip)</i>	<i>Your Phone Number</i>

**PART 3 — DEPENDENT INFORMATION**

**Note:** Benefits will cease on the first of the month after the child's 18th birthday or if the child marries prior to age 18. It is my responsibility to notify the NJDPB of such event. To list additional children please submit an attachment to this application.

_____	_____ / ____ / ____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>
_____	_____ / ____ / ____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>
_____	_____ / ____ / ____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>

**PART 4 — SIGNATURE**

I do hereby make application for the dependent death benefit payable from the retirement system.

_____	_____ / ____ / ____
<i>Your Signature</i>	<i>Date</i>

**See page 2 for required documentation**

**ELIGIBLE SURVIVORS** — Attach a copy of any required documents as defined below.

**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. Documentation required for verification includes a copy of your government issued marriage certificate (if the marriage certificate is in a language other than English, an English translation must also be submitted), and a copy of your most recent tax return (Form 1040). Only the first page of the tax return is required and must include the spouse's name (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy). The tax return must show a "Married" filing status. If the subscriber and dependent spouse reside at separate addresses, both the subscriber's and the spouse's most recent tax return must be submitted. (If the subscriber or spouse submits a "Head of Household" filing status on their return, the other individual's return must have a "Married filing separately" filing status. Tax returns with a "Single" filing status will not be accepted.)

**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. Documentation required for verification includes a copy of the New Jersey certificate of civil union dated prior to October 2013, or a valid certification from another State or foreign jurisdiction that recognizes same-sex civil union partners and a copy of the first page of both partners' N.J. tax return from the previous year that includes the partner (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy) 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. Documentation required for verification includes a copy of the New Jersey certificate of domestic partnership dated prior to February 19, 2007, or a valid certification from another State or foreign jurisdiction that recognizes same-sex domestic partners and a copy of the first page of both partners' N.J. tax return from the previous year that includes the partner (financial data and all but the last four digits of Social Security numbers should be redacted to protect privacy). See the *Civil Union & Domestic Partnerships* Fact Sheet for more information.

**Parent(s)** — Your parent(s) who was(were) receiving at least 50 percent support from you in the 12 months immediately preceding your death.

**Child(ren)** — Your unmarried child(ren) who are either under the age of 18, or under the age 21 and attending school full time, or any age who is disabled because of mental or 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. Provide a copy of a birth certificate for each eligible child. Birth certificates must indicate the name of both parents.

\* *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.*