



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES**

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

**EMPLOYER CERTIFICATION: DEATH CLAIM FOR PERS/TPAF/PFRS/SPRS MEMBERS**

Retirement System (Check One):  PERS  TPAF  PFRS  SPRS

1. Name of Deceased \_\_\_\_\_ 2. Membership Number \_\_\_\_\_

3. Date Employed \_\_\_\_\_ 4. Social Security Number \_\_\_\_\_

5. Last Day of Active Service \_\_\_\_\_  
(Last day member was at work) 6. Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Did the member die within their first year of active service?  No  Yes

8. Was death due to an accident in the course of employment?  No  Yes

9. Was the member terminated?  No  Yes

10. Was the member pending disciplinary action, suspension, or charges at the time of death?  No  Yes  
 If Yes, you must provide the effective date and all supporting documentation regarding the disciplinary action, suspension, or charges. **Note:** Although your location may have dropped disciplinary or criminal charges due to the death of the member, the NJDPB must still review all documentation.

Effective date of disciplinary action, suspension, or charges \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. Was member on an official leave of absence with or without pay?  No  Yes

If Yes, you must give date granted, reason, and supporting documentation.

L/A With Pay \_\_\_\_\_  L/A Without Pay \_\_\_\_\_  Other \_\_\_\_\_  
(Date) From - To (Date) From - To (Date) From - To

Reason for leave \_\_\_\_\_

If the member was on a leave of absence without pay, please attach leave of absence documentation such as: a resolution, board minutes, PMMS records, FMLA papers, Disability/Workers' Compensation documents, etc. This information is required for all members who were on a leave of absence at the time of their death to ensure their heirs receive group life insurance. All documentation dated after the member's date of death cannot be accepted.



## INSTRUCTIONS

This form must be filed in all cases where a member of a State-administered retirement system dies while in active status with an employer.

It is necessary to answer all questions completely. This will avoid unnecessary correspondence and expedite the payment of the claim.

**Items 10 and 11:** These items must be completed in their entirety. Failure to do so will delay the processing of this claim.

**Item 12:** The "10/12 Month Period" certification should be identical to the "Quarterly Report of Contributions." State agencies reporting deductions through the State Centralized Payroll Unit should send a screen print of the TREADHOC bi-weekly certification with this form in lieu of the "10/12 Month Period" certification on the front of this form.

**Item 13:** Example - Member dies January 2, 2023. During the last year of employment, the member had an annual salary of \$26,000 effective September 1, 2022, \$24,000 effective May 1, 2022, and \$21,000 effective September 1, 2021. Item 13 would be completed as follows:

<u>\$26,000</u>	<u>9/1/22</u>	<u>\$24,000</u>	<u>5/1/22</u>	<u>\$21,000</u>	<u>9/1/21</u>
Salary	Effective Date	Salary	Effective Date	Salary	Effective Date