



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

Ref	tirement System (Check One): PERS T	PAF		PFRS		SPRS
1.	Name of Deceased	2.	Mem	bership N	umbe	er
3.	Date Employed	4.	Socia	al Security	' Nun	nber
5.	Last Day of Active Service	6.	Date	of Death		
7.	Did the member die within their first year of active serv	vice?		□ No		Yes
8.	Was death due to an accident in the course of employe	ment?		□ No		Yes
9.	Was the member terminated?			□ No		Yes
10.	Was the member pending disciplinary action, suspens	ion, or c	harge	es at the ti	me o	f death? □ No □ Yes
	If Yes, you must provide the effective date and all supposes suspension, or charges. Note: Although your location the death of the member, the NJDPB must still review Effective date of disciplinary action, suspension, or charges.	may hav all docu	e dro ment	opped disc ation.	iplina	ary or criminal charges due to
11.	Was member on an official leave of absence with or w	rithout pa	ay?	□ No □] Yes	S
	If Yes, you must give date granted, reason, and support	rting doo	cume	ntation.		
	L/A With Pay Date) From - To D L/A Without Pay	(Date) From	□	Oth	(Date) From - To
Rea	ason 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.

12. Please provide the member's base salary information during the last 10/12 months of credible service prior to their date of death. For employees paid through the State Centralized Payroll Unit, please see the instructions on the back of this form.

	Month - Year	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions Amount	Arrears and/or Purchases	Total Deduction	Supplemental Annuity Amount
1.				į	i		į	i
2.				i	1		į	! !
3.			-	-	i		į	i i
4.				1	1		1	i
5.							i	i
6.				i			i	i
7.			i	į	i		i	i
8.			i	į	i		i	i
9.			i	i	i	i	i	i
10.			i	i	i		i	i
11.				i				
12.			į	į			i	i

\$	 Date	\$ Salary		\$Salary	
Salary	Date	Salary	Date	Salary	Date
Last deduction ma	de for retirement sy	stem (payroll perio	od)		
		Salary \$			
Amount of pension	deduction \$		Salary \$		
	n deduction \$ urance in force, give				
If Contributory Insu		payroll period froi			
If Contributory Insu	urance in force, give	payroll period froi			

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>	9/1/22	<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