

State of New Jersey • Department of the Treasury DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES P.O. Box 295, Trenton, NJ 08625-0295 APPLICATION FOR DEPENDENT DEATH BENEFITS

INSTRUCTIONS TO THE APPLICANT

Note: The guardian of the child(ren) under 18 years of age of the deceased member may apply if the member left no surviving widow or widower. Please return completed application to the address above.

PART 1 — DECEASED MEMBER INFORMATION

Deceased Member's Name		// Date of Death
Deceased Member's Social Security Number		Deceased Member's Pension Number
PART 2 — CLAIMANT INFORMATION		
Your Name		Your Relationship to Deceased
Your Social Security Number	// Your Date of Birth	Your Phone Number

Your Complete Mailing Address (Street, City, State, Zip)

PART 3 — DEPENDENT INFORMATION

Attach a photocopy of the member's death certificate, and a photocopy of the birth certificate for each (unmarried) child under the age of 18, or mentally or physically incapacitated child, regardless of age, with proof of their incapacity. Birth certificates must indicate the names of both parents. 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.

Note: To list additional children please submit an attachment to this application.

Child's Last Name, First, Middle	/ Date of Birth	Social Security Number
Child's Last Name, First, Middle	// Date of Birth	Social Security Number
Child's Last Name, First, Middle	// Date of Birth	Social Security Number

PART 4 — SIGNATURE

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