



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

EMPLOYER CERTIFICATION — ACCIDENTAL DEATH ON DUTY

PART 1 — DECEASED EMPLOYEE INFORMATION

- Public Employees' Retirement System (PERS)
- Police and Firemen's Retirement System (PFRS)
- Teachers' Pension and Annuity Fund (TPAF)
- State Police Retirement System (SPRS)

Name of Deceased Member _____

Position Held At Time of Death _____ Membership Number _____

Name of Employer _____ County _____

PART 2 — ACCIDENT INFORMATION

Time and date of fatal accident _____ am/pm _____ / _____ / _____
Time *Date*

Exact place of accident _____
Street *City* *State* *County*

Was employee hospitalized after accident? Yes No If so, name and address of hospital and inclusive dates of hospitalization _____

Time and date of death _____ am/pm _____ / _____ / _____
Time *Date*

Detailed description of the fatal accident (attach additional pages if necessary) _____

Names and addresses of any witnesses to the accident _____

PART 3 — EMPLOYER RECORDS

Do employer records acknowledge and describe the accident? Yes No

When was employer's record of the accident made? _____ / _____ / _____
Date

Has the employer made an official determination that the member died as a result of an accident arising out of and in the course of employment which was not the result of willful negligence? Yes No If yes, please attach a copy of the official proceedings and the final determination.

Was the employee performing regular assigned duties at the time of the accident? Yes No

The specific duties assigned the employee at the time of the accident _____

Employee's immediate supervisor at time of accident _____
Name *Title*

Was an autopsy performed to show cause of death? Yes No

PART 4 — SIGNATURE

I hereby certify the information shown above is true and correct to the best of my knowledge and belief.

Print Certifying Officer Name *Signature* *Date*

Phone Number