

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

Ret	irement System (Check One):					
1.	Name of Deceased 2. Membership Number					
3.	Date Employed 4. Social Security Number					
5.	Last Day of Active Service					
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?					
9.	Was the member terminated?					
10.	10. Was the member pending disciplinary action, suspension, or charges at the time of death? D No D 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 Date) From - To D L/A Without Pay Date) From - To Other (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.

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.

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

13. Annual salaries and effective dates of wages in last year of service (see instructions for example):

\$		\$				
	Salary	Date	Salary	Date	Salary	Date
14.	Last deduction ma	de for retirement s	ystem (payroll period)			
	Amount of pensior	n deduction \$		Salary \$		
15.	If Contributory Insu (PERS and TPAF of		e payroll period from v —	/hich last ded	uction was made	
	Print Certifying Officer Name		Sianature	of Certifying Office	r –	//
			Agency/County			ne Number

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