

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
POLICE AND FIREFIGHTERS' RETIREMENT AND RELIEF BOARD**

**APPLICATION FOR SURVIVOR BENEFITS**

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***Instructions for Survivor Questionnaire and Payroll Data Sheet***

**I. SURVIVOR'S QUESTIONNAIRE**

- A. Must be completed in its entirety.
- B. Must be notarized.
- C. Must complete a separate questionnaire for each child.

**II. PAYROLL DATA SHEET**

- A. Must be completed in its entirety.

**III. ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**

- A. Certified copy of Death Certificate;
- B. Certified copy of Marriage License (not a Certificate of Marriage). This may be obtained from the Marriage License Bureau in the state where the license was issued;
- C. Certified copy of the Divorce Decree(s) and/or Death Certificate(s) for any previous marriage(s) by you or the deceased;
- D. Original Birth Certificate(s) for all dependent children, including children who are 18 years of age, or any unmarried children who are students between the ages of 18 and 22 years. The Birth Certificate must include the names of both parents;
- E. If there are any unmarried children (adopted, natural, or step-children) over the age of 18 years who are incapable of self-support because of a physical or mental disability diagnosed before their 18<sup>th</sup> birthday, provide the following information:
  - Name and date of birth for each disabled child;
  - Provide a doctor's statement for each such child, indicating the nature of the disability and the age diagnosed; and
  - Certified copy of the final adoption order.
- F. Certified copy of the court order establishing legal guardianship for all minor child/children.
- G. All certified documents must exhibit the raised court seal.
- H. A certified copy of the last tax return for the deceased member must be submitted with each application for a step-child.
- I. A certified copy of any child support orders must be submitted with each application, if applicable.

**THE ORIGINAL DEATH CERTIFICATE WILL BE RETAINED BY THIS OFFICE AS PART OF THE APPLICATION FILE. ALL OTHER ORIGINAL DOCUMENTS WILL BE RETURNED BY CERTIFIED MAIL AFTER PROCESSING.**

- IV. If there is currently an 1199A (direct deposit form) on file and you don't plan to change accounts, simply attach a voided check to the application, or another 1199A for the same account. If you plan to change the financial institution you must obtain an 1199A from the new financial institution and return it with this application.
- V. If there are any unmarried children (adopted, natural, or step-children) between the ages of 18 and 22 years, who are full-time students at an accredited school, you must complete a "Certificate of Full-time Attendance".

# POLICE AND FIREFIGHTERS RETIREMENT AND RELIEF BOARD

District of Columbia Government

## SURVIVOR QUESTIONNAIRE

FULL NAME OF SURVIVOR ( FIRST, MIDDLE, MAIDEN, MARRIED	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CURRENT ADDRESS (CITY, STATE, ZIP CODE)		HOME PHONE NUMBER	
		CELLULAR PHONE NUMBER	
		WORK PHONE NUMBER	

FULL NAME OF DECEASED MEMBER			WAS MEMBER ACTIVE WHEN DEATH OCCURRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF DEATH	AGE	TYPE OF RETIREMENT (check one) <input type="checkbox"/> DISABILITY <input type="checkbox"/> OPTIONAL	DATE OF RETIREMENT	
DEPARTMENT			SOCIAL SECURITY NUMBER	DATE OF BIRTH
DATE OF MARRIAGE		PLACE OF MARRIAGE	MAIDEN NAME	

1. FROM THE DATE OF MARRIAGE, TO THE DATE OF DEATH, HAVE YOU BEEN DIVORCED? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. WAS THIS MARRIAGE THE FIRST FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. WAS THIS THE FIRST MARRIAGE FOR THE DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTE: IF MARRIAGE IS TERMINATED BY DIVORCE OR DEATH, A CERTIFIED COPY OF THE DIVORCE DECREE(S) AND/OR CERTIFIED DEATH CERTIFICATE(S) MUST BE ATTACHED TO THIS APPLICATION**

PLEASE LIST THE NAMES OF ALL UNMARRIED CHILDREN UNDER THE AGE OF 18 YEARS. THIS WILL INCLUDE NATURAL, ADOPTED, AND STEP-CHILDREN. THE ORIGINAL BIRTH CERTIFICATE(S) MUST BE SUBMITTED FOR EACH CHILD.

IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE OF THIS PAGE

NAME OF CHILD	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH

PLEASE LIST THE NAMES OF ALL UNMARRIED CHILDREN OVER THE AGE OF 18 YERS BUT UNDER THE AGE OF 22 YEARS, WHO ARE FULL-TIME STUDENTS. A BIRTH CERTIFICATE MUST BE SUBMITTED FOR EACH CHILD. ADDITIONALLY, YOU MUST ROVIDE A CERTIFICATE FROM THE SCHOOL'S OFFICE OF THE REGISTRAR CONFIRMING THAT THE CHILD IS A FULL-TIME STUDENT ATTENDING A RECOGNIZED EDUCATIONAL INSTITUTION.

NAME OF CHILD	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH

LIST ALL UNMARRIED CHILDREN OVER THE AGE OF 18 YEARS WHO AN INCAPABLE OF SELF-SUPPORT DUE TO A PHYSICAL OR MENTAL DISABILILTY THAT WAS DIAGNOSED BEFORE THEIR 18<sup>TH</sup> BIRTHDAY. PLEASE SUBMIT A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD AND A DOCTOR'S CERTIFICATE SHOWING THE NATURE OF THE DISABILITY AND AGE THE DISABILITY WAS DIAGNOSED.

NAME OF CHILD	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH

PLEASE PROVIDE THE NAME OF THE LEGAL GUARDIAN OF ANY MINOR CHILDREN (UNDER THE AGE OF 18 YEARS). PROOF OF GUARDIANSHIP MUST BE SUBMITTED WITH THIS APPLICATION. **(Please Print)**

NAME OF LEGAL GUARDIAN		
ADDRESS		CITY/STATE
ZIP CODE		
DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
WHAT IS YOUR RELATIONSHIP TO THE MINOR CHILD?		

I UNDERSTAND THAT A FALSE STATEMENT ON ANY PART OF MY APPLICATION, SUPPLEMENTAL FORMS OR DOCUMENTS MAY BE GROUNDS FOR DENYING MY CLAIM FOR SURVIVOR BENEFITS. **(D.C. OFFICIAL CODE § 1-615-51 et seq.) (2001)**. I UNDERSTAND THAT THE MAKING OF A FALSE STATEMENT ON THIS FORM OR MATERIALS SUBMITTED WITH THIS FORM IS PUNISHABLE BY CRIMINAL PENALTIES PURSUANT TO **(D.C. OFFICIAL CODE § 22-2405 et seq.) (2001)**. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW OR MAYORAL ORDER. I CONSENT TO THE RELEASE OF INFORMATION REGARDING MY ELIGIBILITY OR THE ELIGIBILITY OF ANY DEPENDENT CHILDREN FOR SURVIVOR BENEFITS TO AUTHORIZED EMPLOYEES, INVESTIGATORS, OR RETIREMENT SPECIALISTS OF THE DISTRICT OF COLUMBIA GOVERNMENT.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
*Signature of Survivor/Guardian Completing This Form*

SUBSCRIBED AND SWORN TO/BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Commission Expires*

\_\_\_\_\_  
*State*

SEAL

# POLICE AND FIREFIGHTERS RETIREMENT AND RELIEF BOARD

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## SURVIVOR'S PAYROLL DATA SHEET

SURVIVOR'S NAME (First, Middle, Last)			
MARITAL STATUS ( Check One)			
<input type="checkbox"/> MARRIED Date: _____ <input type="checkbox"/> DIVORCED Date: _____ <input type="checkbox"/> SEPARATED Date: _____ <input type="checkbox"/> SINGLE			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS		CITY/STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER	

DECEASED NAME (First, Middle, Last)		
DECEASED SOCIAL SECURITY NUMBER	DECEASED DATE OF BIRTH	DATE OF DEATH
DECEASED DATE OF RETIREMENT	AGENCY/DEPARTMENT	

1. AS A RESULT OF ANY MARRIAGE OR RELATIONSHIP, ARE THERE ANY CHILDREN UNDER THE AGE OF 22 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. DID THE DECEASED PROVIDE AT LEAST 50% SUPPORT FOR ANY CHILDREN AS A RESULT OF ANOTHER MARRIAGE OR RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST THE NAMES BELOW OF ALL CHILDREN BETWEEN THE AGES OF 18 AND 22 YEARS WHO ARE FULL-TIME STUDENTS ATTENDING A RECOGNIZED EDUCATIONAL INSTITUTION.

NAME OF CHILD	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER

3. NAME OF EDUCATIONAL INSTITUTION THAT CHILD ATTENDS?
4. ADDRESS OF EDUCATIONA INSTITUTION?
5. HOW MANY CREDIT HOURS PER SEMESTER IS CHILD TAKING?
6. WHAT IS THE PROJECTED DATE OF GRADUATION?
7. IS THIS APPLICATION ON BEHALF OF A MINOR CHILD (UNDER 18 YEARS OLD)? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. WHAT IS THE NAME OF THE PARENT /GUARDIAN?
9. PLEASE PROVIDE THE SOCIAL SECURITY NUMBER FOR THE PARENT/GUARDIAN?
10. WHAT IS THE RELATIONSHIP TO THE MINOR CHILD?
11. PROVIDE MAILING ADDRESS FOR PARENT/GUARDIAN IF DIFFERENT FROM MINOR CHILD?
12. PROVIDE TELEPHONE NUMBER OF PARENT/GUARDIAN.