



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION

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

**JUDICIAL RETIREMENT SYSTEM (JRS)
APPLICATION FOR SURVIVOR BENEFITS**

Please attach a copy of the decedent's death certificate. See below for eligible survivor information.

PART 1 — DECEASED MEMBER INFORMATION

_____	_____ / _____ / _____
<i>Deceased Member's Name</i>	<i>Date of Death</i>
_____	_____
<i>Deceased Member's Social Security Number</i>	<i>Deceased Member's Pension Number</i>

PART 2 — CLAIMANT INFORMATION

_____	_____
<i>Your Name</i>	<i>Your Relationship to Deceased</i>
_____	_____ / _____ / _____
<i>Your Social Security Number</i>	<i>Your Date of Birth</i>
_____	_____
<i>Your Complete Mailing Address (Street, City, State, Zip)</i>	<i>Your Phone Number</i>

PART 3 — DEPENDENT INFORMATION

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

_____	_____ / _____ / _____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>
_____	_____ / _____ / _____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>
_____	_____ / _____ / _____	_____
<i>Child's Last Name, First, Middle</i>	<i>Date of Birth</i>	<i>Social Security Number</i>

PART 4 — SIGNATURE

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

_____	_____ / _____ / _____
<i>Your Signature</i>	<i>Date</i>

ELIGIBLE SURVIVORS — Attach a copy of any required documents as defined below.

Widow or Widower — A person of the opposite sex to whom the member was married for at least four years* as of the date of death and who has not remarried. A photocopy of the *Marriage Certificate* is required for verification.

Civil Union Partner — A person of the same sex as defined by P.L. 2006, c.103 (Chapter 103), with whom the member was partnered in a civil union for at least four years* as of the date of death and who has not entered into a new civil union. A photocopy of the *New Jersey Civil Union Certificate* or a valid certification from another jurisdiction that recognizes same-sex civil unions is required for verification. See the *Civil Union & Domestic Partnerships* Fact Sheet for more information.

Domestic Partner — A person of the same sex as defined by P.L. 2003, c.246 (Chapter 246), with whom the member was partnered in a domestic partnership for at least four years* as of the date of death and who has not entered into a new partnership or civil union. A photocopy of the *New Jersey Certificate of Domestic Partnership* dated prior to February 19, 2007, or a valid certification from another jurisdiction that recognizes same-sex domestic partners is required for verification. See the *Civil Union & Domestic Partnerships* Fact Sheet for more information.

Parent(s) — Your parent(s) who was(were) receiving at least 50 percent support from you in the 12 months immediately preceding your death.

Child(ren) — Your unmarried child(ren) who are either under the age of 18, or under the age 21 and attending school full time, or any age who is disabled because of mental or physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last or be expected to last for a continuous period of not less than 12 months as affirmed by the Medical Review Board. Provide a copy of a birth certificate for each eligible child. Birth certificates must indicate the name of both parents.

* If the member died as a result of an accident during the performance of his or her regular or assigned duties, and the death was not a result of willful negligence, the four year requirement is waived.