



El Paso Firemen & Policemen's Pension Fund



APPLICATION FOR SURVIVOR BENEFITS - Dependent Child Guardian/Conservator

Fire Police

SECTION I: MEMBER INFORMATION

Name: Social Security Number:

Date of Birth: Date of Death:

SECTION II: SURVIVOR INFORMATION

Name: Social Security Number:

Mailing Address:
Street City State Zip Code

Date of Birth: Phone Number:

SECTION III: BENEFIT ENTITLEMENT

Type of Survivor Benefits: Pre-Retirement Post-Retirement

Is the Dependent Permanently Disabled? Yes No If yes, Disability is to be approved by the Board of Trustees

Is there a Qualified Surviving Spouse? Yes No If yes, Provide Name:

Are there any other Surviving Dependents? Yes No

If yes, Provide Names and Contact Information:

Name: Address: Phone:

Name: Address: Phone:

Name: Address: Phone:

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"Dependent" means a child who is less than 50% self-supporting, and reliant upon the member/retiree at the time of his/her death.

Section 3.18 of the El Paso Firemen & Policemen's Pension Fund Plan Document defines a "Qualified Child" or "Qualified Children" as follows:

"Qualified Child" or "Qualified Children" means the surviving unmarried dependent child or children of a Member or Retiree (a) under the age of nineteen (19); or (b) if over the age of nineteen (19), and under the age of twenty-three (23), then a full-time student at an accredited secondary university, technical or trade school approved by the Board; or (c) regardless of age, deemed physically disabled and non-self supporting by the Board of Trustees or declared mentally incompetent by a court of competent jurisdiction for as long as such incompetence or disability exists. For purposes of this sub-section "dependent" means a child who is less than fifty percent (50%) self-supporting. Notwithstanding these criteria, in no case shall "non-self-supporting" be construed to include persons over the age of nineteen (19) and disabled by excessive use of drugs or alcohol as determined by the Board of Trustees."

SECTION IV: GUARDIAN/CONSERVATOR AFFIDAVIT

I hereby affirm that I am the guardian or conservator of a "Qualified Child" in accordance with Section 3.18 of the El Paso Firemen & Policemen's Pension Fund Plan Document as described above, and therefore, request and make application for survivor benefits on behalf of the child indicated above. I further certify under penalties of perjury under the laws of the State of Texas that the information contained herewith is true and accurate.

Signature: Date:

must be signed in the presence of a Notary Public

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____. (SEAL)

Signature of Notary

Commission Expires

SECTION V: SUPPORTIVE DOCUMENTATION (for internal use purposes)

Check those that apply:

- Copy of Birth Certificate for Qualified Dependent
- Copy of Social Security Card
- Copy of Photo Identification (Guardian)
- Medical Evaluation & Reports to Support Permanent Disability
- Original or Certified Death Certificate of the Member
- W4-P Form
- Electronic Funds Transfer Authorization Form
- Records Release Form
- Other Documentation

List: