



El Paso Firemen & Policemen's Pension Fund



APPLICATION FOR SURVIVOR BENEFITS - Dependent

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 a Full-Time College Student? Yes No If yes, Student Request 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:

Names: Address: Phone:

Names: Address: Phone:

Names: Address: Phone:

continued next page ➡

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

I hereby certify and affirm under penalty of perjury under the Laws of the State of Texas that the information contained here within is true and accurate to the best of my knowledge and belief.

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
- Proof of Full-Time Enrollment
- Original or Certified Death Certificate of the Member
- W-4P
- Electronic Funds Transfer Authorization Form
- Records Release Form
- Other Documentation

List: