# GOVERNMENT OF THE DISTRICT OF COLUMBIA

# POLICE AND FIREFIGHTERS’ RETIREMENT AND RELIEF BOARD

**APPLICATION FOR BENEFITS FOR SURVIVING CHILD**

**A SURVIVING CHILD ELIGIBLE FOR SURVIVOR BENEFITS IS DEFINED AS:**

**The biological, adopted, or step-child under the age of 18.**

**The child is a full-time student between 18-22 years of age**

**The child is disabled either physically or mentally, incapable of self-support, and was diagnosed before the age of 18.**

***Instructions for Survivor Application***

1. **SURVIVOR’S APPLICATION**

**A. Must complete a separate application for each applicant and it must be**

**completed in its entirety.**

**B. Must be notarized.**

1. **PAYROLL DATA SHEET**
2. **Must be completed in its entirety.**
3. **ATTACH COPIES OF THE FOLLOWING DOCUMENTS:**
4. **Certified copy of Death Certificate; indicating the cause of death**
5. **Certified copy of Birth Certificate for the child**
6. **Certified copy of the court order establishing legal guardianship for the child**
7. **If child(ren) is adopted, Certified copy of the final adoption order(s)**
8. **If applicant is a Student Child, include the completed Certificate of Full-Time Attendance, signed and stamped by a school official**
9. **If the child is disabled, provide a doctor’s statement including the**

**Nature of the disability and the age diagnosed**

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

**\*\*Please forward the application and requested documents to the address listed below:**

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**441 4TH Street, NW, Suite 330 South, Washington, DC 20001**

**202/442-7627 (main) 202/727-2241 (facsimile)**

**POLICE AND FIREFIGHTERS RETIREMENT AND RELIEF BOARD**

**District of Columbia Government**

**SURVIVOR APPLICATION FOR SURVIVING CHILD**

**SURVIVOR’S INFORMATION**

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

**DECEASED MEMBER’S INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME OF DECEASED MEMBER** | | | | | **WAS MEMBER ACTIVE WHEN DEATH OCCURRED?**  **YES NO** | | | |
| **DATE OF DEATH** | **AGE** | | **TYPE OF RETIREMENT (check one)**  **DISABILTY**  **OPTIONAL** | | | | **DATE OF RETIREMENT** | |
| **DEPARTMENT** | | | | **SOCIAL SECURITY NUMBER** | | | | **DATE OF BIRTH** |
| **DATE OF MARRIAGE** | | **PLACE OF MARRIAGE** | | | |  | | |

**PLEASE LIST THE NAMES OF ALL UNMARRIED CHILDREN UNDER THE AGE OF 18 YEARS. THIS WILL INCLUDE NATURAL, ADOPTED, AND STEP-CHILDREN.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHILD** | **SOCIAL SECURITY NUMBER** | **AGE** | **DATE OF BIRTH** |
|  |  |  |  |
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**PLEASE LIST THE NAMES OF ALL UNMARRIED CHILDREN OVER THE AGE OF 18 YEARS, BUT UNDER THE AGE OF 22, WHO ARE FULL-TIME STUDENTS.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHILD** | **SOCIAL SECURITY NUMBER** | **AGE** | **DATE OF BIRTH** |
|  |  |  |  |
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**PLEASE LIST THE NAMES OF ALL UNMARRIED CHILDREN OVER THE AGE OF 18, WHO ARE INCAPABLE OF SELF-SUPPORT DUE TO A PHYSICAL OR MENTAL DISABLITY THAT WAS DIAGNOSED BEFORE THEIR 18TH BIRTHDAY.**

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| --- | --- | --- | --- |
| **NAME OF CHILD** | **SOCIAL SECURITY NUMBER** | **AGE** | **DATE OF BIRTH** |
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| **PAYROLL DATA SHEET** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURVIVOR’S NAME (First, Middle, Last)** | | | | | | | |
| **MARITAL STATUS ( Check One)**  **SINGLE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARRIED Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEPARATED Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **SOCIAL SECURITY NUMBER** | | | **DATE OF BIRTH** | | **AGE** | **MALE**  **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** | |

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

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| --- |
| **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***