# GOVERNMENT OF THE DISTRICT OF COLUMBIA

# POLICE AND FIREFIGHTERS’ RETIREMENT AND RELIEF BOARD

**APPLICATION FOR BENEFITS FOR SURVIVING SPOUSE**

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

**The spouse was married to deceased member when he or she died and had yet to retire;**

**The spouse was married to the retired member for one-year immediately prior to death**

***Instructions for Survivor Application***

1. **SURVIVOR’S APPLICATION**

**A. Must be completed in its entirety.**

**B. Must be notarized.**

1. **PAYROLL DATA SHEET**
2. **Must be completed in its entirety.**
3. **ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS:**
4. **Certified copy of Death Certificate; indicating the cause of death**
5. **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;**
6. **Certified copy of Divorce Decree(s) and/or Death Certificate(s) for all previous marriage(s) by you and/or the deceased;**

THE CERTIFIED COPY OF THE 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 SPOUSE**

**SURVIVOR’S INFORMATION**

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

**DECEASED MEMBER’S INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME OF DECEASED MEMBER** | | | | | **WAS MEMBER RETIRED 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** | | | |  | | |

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| 1. **FROM THE DATE OF MARRIAGE, TO THE DATE OF DEATH, HAVE YOU BEEN DIVORCED? YES NO** |
| 1. **WAS THIS YOUR FIRST MARRIAGE? YES NO** |
| 1. **WAS THIS THE DECEASED FIRST MARRIAGE? YES NO** |

**OTHER MARRIAGES INFORMATION**

PLEASE LIST ALL PREVIOUS MARRIAGES BY YOU AND/OR THE DECEASED AND LIST THE CAUSE OF TERMINATION.

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| **FULL NAME OF SPOUSE** | **DATE OF MARRIAGE** | **DATE OF TERMINATION** | **CAUSE OF TERMINATION** |
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**441 4TH Street, NW, Suite 330 South, Washington, DC 20001**

**202/442-9622 (office) 202/727-5419 (facsimile)**

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| **PAYROLL DATA SHEET** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURVIVOR’S NAME (First, Middle, Last)** | | | | | | | |
| **MARITAL STATUS ( Check One)**  **MARRIED Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIVORCED 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** | |

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| 1. **AS A RESULT OF ANY MARRIAGE OR RELATIONSHIP, ARE THERE ANY CHILDREN UNDER THE AGE OF 22 YEARS?**   **YES NO** |
| 1. **IF YES, ARE YOU ALSO SUBMITTING AN APPLICATION(S) ON BEHALF OF THE CHILD(REN) AS THE PARENT OR LEGAL GUARDIAN?**   **YES NO** |

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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.**

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***Signature of Surviving Spouse***

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

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***Signature of Notary Public Commission Expires State***

***SEAL***