

**APPLICATION FOR A SURVIVOR'S BENEFIT**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TO: LOCAL RETIREMENT BOARD

I hereby submit my application for a survivor's benefit under the terms of the Arizona Corrections Officer Retirement Plan.

NAME OF DECEASED MEMBER: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP TO DECEASED:  SURVIVING SPOUSE  GUARDIAN OF DECEDENT'S DEPENDENT CHILDREN

**SURVIVING SPOUSE:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**GUARDIAN:**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**SURVIVING CHILDREN OF DECEASED:**

**DEPENDENT CHILDREN**

NAME	DATE OF BIRTH	IS CHILD DISABLED?		Is child 18-22 and in school fulltime?	
		YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO
_____	____/____/____	YES	NO	YES	NO

**NOTE:** Please provide a copy of:

1. Death Certificate
2. Birth Certificate (for spouse, dependent children, and guardian)
3. Marriage Certificate (if applicable)
4. Proof of Legal Guardianship (if applicable)
5. Medical Documentation for Disabled Children. (If applicable)
6. Proof of Fulltime School Enrollment (If applicable)
7. Social Security Card

The information contained in this application is true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Signature of Spouse or Guardian

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date Received by Employer