



STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS
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DELAWARE PUBLIC EMPLOYEES' RETIREMENT SYSTEM
APPLICATION FOR DEATH BENEFIT PAYMENT

TO THE OFFICE OF PENSIONS:

Please be advised that _____, _____
(Name of Individual) (Social Security No.)
an employee of our Agency/School _____ expired on
(Name of Agency/School)
_____. A certified copy of the death certificate is attached for your
(Date of Death)

files. A search of available records indicates a survivor's pension is not payable for the following reason:

- _____ (1) Service time not sufficient to qualify for survivor's benefit
- _____ (2) No eligible survivor

Therefore, pursuant to the provisions of Title 29, Del. Code 5529, we hereby request a death benefit be made to the designated beneficiary(ies) or, in the absence of a designated beneficiary(ies), to the estate of our former employee.

The employee's final pay was on _____.

Authorized Agency/School Signature Title Date

FOR USE OF OFFICE OF PENSIONS ONLY

Checked to Actuarial File (Form P-1) _____ Date: _____
Designated Beneficiary on file: Yes _____ No _____

Name of Beneficiary(ies): _____ Address _____

