

VILLAGE OF PALM SPRINGS GENERAL EMPLOYEES' PENSION PLAN

APPLICATION FOR DEATH BENEFITS

PLEASE PRINT OR TYPE:

1. Applicant for Death Benefit:
 - a. Your Name: _____
 - b. Relationship to Employee: _____
 - c. Your Social Security Number: _____
 - d. Your Home Address: _____

(City)(State)(Zip Code)
 - e. Your Telephone Number: _____

(Area Code) Phone Number
 - f. Are you married now? Yes _____ No _____
 - g. If yes to 1f, Spouse's Name: _____
 - h. If you are the parent(s) of the Employee, please indicate whether you were at least 50% dependent on the Employee for financial support?

Yes _____ No _____

(Dependent Parents must attach a copy of your most recent IRS Tax Form and W-2's or provide other proof of dependency)
2.
 - a. Name of Employee: _____
 - b. Social Security Number: _____
 - c. Date of Birth: _____
 - d. Date of Death: _____ **(Attach death certificate)**
 - e. Did Employee die due to the Employee's performance of duties at the Village?
Yes _____ No _____

3. a. Date of hire by the Village of Palm Springs: _____
b. Position with the Village of Palm Springs at time of death: _____

4. a. Was the Employee married at the time of death? Yes ____ No ____
b. Is the Spouse alive today? Yes ____ No ____
c. Name of Spouse: _____
d. Spouse's Social Security Number: _____
e. Spouse's Date of Birth: _____
f. Date of Marriage: _____
g. Spouse's Telephone Number: _____

5. Was the Employee ever divorced? Yes ____ No ____

6. Names and Dates of Birth of Child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____

(Attach additional page(s) if needed)

7. Names of Living Parents of the Employee:

- a. Mother: _____
b. Father: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

To support this Application, I am attaching a certified copy of the death certificate of the Employee. This Application revokes any prior Applications.

APPLICANT'S SIGNATURE

DATE

STATE OF FLORIDA)
)
COUNTY OF _____)

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____

[Notary Seal]

Notary Public, State of Florida At Large

My Commission Expires: _____

Return to:
Pension Resource Center, LLC
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410