



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**APPLICATION FOR VOLUNTEER  
EMERGENCY WORKER'S SURVIVORS PENSION (VESP)****Part 1** and **Part 2** are to be completed by the designated representative of the municipality.**PART 1 — VOLUNTEER WORKER INFORMATION**Volunteer's Name \_\_\_\_\_  
*Last* *First* *MI*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ Volunteer Title/Position \_\_\_\_\_

Name of Volunteer Company or Squad \_\_\_\_\_

**PART 2 — SURVIVOR INFORMATION**Name of Spouse \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

Phone Number \_\_\_\_\_

**Dependent Children** — List dependent children who are under age 24 or disabled. Attach separate sheet to list additional children.1. Child's Name \_\_\_\_\_ In School?  Yes  No  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Child's Name \_\_\_\_\_ In School?  Yes  No  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Child's Name \_\_\_\_\_ In School?  Yes  No  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Dependent Parents** — If volunteer had no dependent spouse or children.1. Parent's Name \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Parent's Name \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Parent's Name \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART 3 — CERTIFICATION** - To be completed by the municipality's Certifying Officer.\_\_\_\_\_  
*Print Certifying Officer Name* *Signature* *Date*\_\_\_\_\_  
*Name of Municipality* *PERS Location Number* *Phone Number*

## INSTRUCTIONS TO EMPLOYERS

If your municipality has had a volunteer emergency worker die while performing volunteer duties since January 1, 2000, and that volunteer has one or more survivors meeting the criteria of P.L. 2002, c. 134 (Chapter 134) described below, you should:

1. Confirm the eligibility of the survivor(s) for a VESP and have the municipal governing body adopt a resolution certifying to that eligibility.
2. Have this *Application for Volunteer Emergency Worker's Survivors Pension* completed and certified.
3. The New Jersey Division of Pensions & Benefits (NJDPB) also requires that the municipality forward the documentation required to certify the eligibility for VESP benefits. This would include:
  - a) The police and/or accident report and the death certificate (required in all cases);
  - b) The marriage certificate (required if there is a surviving spouse);
  - c) Birth certificates (required for all dependent children);
  - d) School enrollment records for dependent children over 18 (only required if there is no surviving spouse);
  - e) Evidence of disability for dependent children (only required if there is no surviving spouse); and
  - f) Financial evidence of dependency for dependent parent(s) (only required if there is no surviving spouse or dependent children).
4. Forward the resolution, this completed application, and the documents identified in item 3 above, to the NJDPB within 10 days of the resolution's adoption to:

**VESP**  
**Attention: Nikki McConnell**  
**Division of Pensions & Benefits**  
**P.O. Box 295**  
**Trenton, NJ 08625-0295**

**Note:** Do not delay the submission of the resolution if this application or the collection of other required documentation has not been completed when the resolution is due at the NJDPB.

## ELIGIBILITY FOR VESP BENEFITS

Chapter 134 establishes a pension for the survivors of certain volunteer emergency workers who die in the performance of volunteer duties on or after January 1, 2000. The volunteer must have been a member of a duly incorporated voluntary fire company, first aid and emergency, or ambulance or rescue squad.

Survivors (dependents) of a volunteer firefighter, first aid worker, rescue squad worker, or emergency medical technician include:

- A widow or widower (who has not subsequently remarried);
- Unmarried children (a) under the age of 18; (b) age 18 years of age or older while enrolled in a secondary school; (c) under the age of 24 and enrolled in a degree program at an institution of higher education for at least 12 credit hours each semester; or (d) a disabled child at any age who is incapable of self-support due to the disability; and
- Dependent parents (if there is no widow, widower, or any eligible dependent children) who received at least half of their support from the emergency worker during the 12 months preceding the death.

**Note:** If a survivor is also eligible for a monthly pension benefit due to the voluntary emergency worker's membership in a New Jersey State-administered retirement system on the basis of other employment, that survivor is not also eligible for the VESP.