



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS - BENEFICIARY SERVICES**

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

**EMPLOYER CERTIFICATION — DEATH CLAIM  
FOR ABP MEMBERS**

Name of Deceased \_\_\_\_\_

Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day of Active Service \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

**ITEM 1**

Did the member die within their first year of active service?  No  Yes

Was death due to an accident in the course of employment?  No  Yes

Was member on an official leave of absence with or without pay?  No  Yes — If yes, you must give date granted, reason, and support documentation.

Leave of Absence With Pay \_\_\_\_/\_\_\_\_/\_\_\_\_ *From* \_\_\_\_/\_\_\_\_/\_\_\_\_ *To*

Leave of Absence Without Pay \_\_\_\_/\_\_\_\_/\_\_\_\_ *From* \_\_\_\_/\_\_\_\_/\_\_\_\_ *To*

Other \_\_\_\_/\_\_\_\_/\_\_\_\_ *From* \_\_\_\_/\_\_\_\_/\_\_\_\_ *To*

Reason For Leave \_\_\_\_\_

If the member was on a leave of absence without pay, please attach leave of absence documentation such as: a resolution, board minutes, PMMS records, FMLA papers, Disability/Workers' Compensation documents, etc. This information is required for all members who were on a leave of absence at the time of their death to ensure their heirs receive group life insurance. All documentation dated after the member's date of death cannot be accepted.

Was the member pending disciplinary action, suspension, or charges at the time of death?  No  Yes

If Yes, you must provide the effective date and all supporting documentation regarding the disciplinary action, suspension, or charges. **Note:** Although your location may have dropped disciplinary or criminal charges due to the death of the member, the NJDPB must still review all documentation.

Effective date of disciplinary action, suspension, or charges \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ITEM 2**

Please provide the member's base salary information during the last 10/12 months of credible service prior to their date of death. For employees paid through the State Centralized Payroll Unit, please see the instructions on the back of this form.

Month - Year	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions	Arrears and/or Purchases	Total Deduction	Supplemental Annuity
				Amount			Amount
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**ITEM 3**

Annual salaries and effective dates of wages in last year of service (see instructions for example):

\$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Salary Date Salary Date Salary Date*

Factor Used For Above Salaries \_\_\_\_\_

**ITEM 4**

Last Deduction Made for Retirement System: Payroll Period \_\_\_\_\_

Amount of Pension Deduction \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Print Certifying Officer Name Signature of Certifying Officer Date*

\_\_\_\_\_ \_\_\_\_\_  
*Employing Agency/County Phone Number*

**THIS CLAIM CANNOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED**

## INSTRUCTIONS

This form must be filed in all cases where a member of a State-administered retirement system dies while in active status with an employer.

It is necessary to answer all questions completely. This will avoid unnecessary correspondence and expedite the payment of the claim.

**Item 1:** This item must be completed in its entirety. Failure to do so will delay the processing of this claim.

**Item 2:** The "10/12 Month Period" certification should be identical to the "Quarterly Report of Contributions." State agencies reporting deductions through the State Centralized Payroll Unit should send a screen print of the TREADHOC bi-weekly certification with this form in lieu of the "10/12 Month Period" certification on the front of this form.

**Item 3:** Example - Member dies January 2, 2021. During the last year of employment, the member had an annual salary of \$26,000 effective September 1, 2020, \$24,000 effective May 1, 2020, and \$21,000 effective September 1, 2019. Item 3 would be completed as follows:

<u>\$26,000</u>	<u>9/1/20</u>	<u>\$24,000</u>	<u>5/1/20</u>	<u>\$21,000</u>	<u>9/1/19</u>
Salary	Effective Date	Salary	Effective Date	Salary	Effective Date

Indicate factor used for salaries listed above.

**Item 4:** Please provide the payroll period number for the member's last contribution, the amount of that deduction, and the member's salary at the time of the last deduction.

Please sign and date before submission.