



## TUSCALOOSA POLICE OFFICERS AND FIREFIGHTERS RETIREMENT PLAN

### Application for Survivor's Benefit

**ACTION REQUIRED:** You must provide a copy of the death certificate, marriage certificate and/or proof of dependency upon submitting the application.

NAME OF APPLICANT: \_\_\_\_\_

SSN OF APPLICANT: \_\_\_\_\_ BIRTHDATE OF APPLICANT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT FROM ABOVE)**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DIRECT DEPOSIT FOR BENEFIT:  Do not change  Update \*complete direct deposit form from HR

RELATIONSHIP TO DECEASED:  Spouse  Dependent Child  Dependent Parent

NAME OF DECEASED: \_\_\_\_\_

SSN OF DECEASED: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

Applicant or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

*\*This application must be reviewed and approved by the board before any survivor payment is made.  
The approval and payment process may take up to 30days.*

**Administrative Use Only:**

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_

Documents Received:  Marriage Certificate  Death Certificate  Proof of Dependency

Date submitted to Treasurer: \_\_\_\_\_