



**B. INFORMATION ABOUT SURVIVING SPOUSE**

I certify that I am the surviving spouse of the deceased Firefighter, \_\_\_\_\_, to whom I was legally married at the time of death, and hereby apply for any Survivor Benefits checked below, payable to me by reason of the death of the Firefighter.

- 1. Name of Surviving Spouse: \_\_\_\_\_  

Last
First
Middle
- 2. Address: \_\_\_\_\_  

Number & Street
City
State
Zip Code
- 3. Telephone Number: (\_\_\_\_) \_\_\_\_\_
- 4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 5. Date of Marriage:<sup>1</sup> \_\_\_\_\_  

Month
Day
Year
- 6. Date of Birth of Surviving Spouse: \_\_\_\_\_  

Month
Day
Year

(Please submit verification of date and cause of death, i.e., certified copy of death certificate.)

**C. BENEFIT CLAIMED BY SURVIVING SPOUSE**

**1. PRE-RETIREMENT ON-DUTY DEATH**

As Surviving Spouse of the deceased Firefighter, a New System Member, who suffered an On-Duty Death prior to his Retirement Date, I elect to receive the following Survivor Benefit (Select One):

- a.  **Joint and Survivor Annuity:** [Available only if the Firefighter was eligible for a retirement benefit at the time of death], I elect to receive a Joint and Survivor Annuity, actuarially calculated on the basis of my spouse’s Service Retirement Benefit as if he had completed 20 Years of Service prior to his death. I understand that I shall be paid in equal periodic payments each month for as long as I live; **OR**
- b.  **Type 1 On-Duty:** I elect to receive a survivor benefit for my life in the sum of 66 2/3% of my spouse’s salary at the time of his death, paid as annuity, as the result of my spouse’s death while in the act of performing his duties as a Firefighter, including death due to the immediate effects of any presumptive illness suffered during the performance of his duties as an active Firefighter; **OR**
- c.  **Type 2 On-Duty:** I elect to receive a survivor benefit for my life in the sum of 50% of my spouse’s salary at the time of his death, paid as an annuity, as the result of my spouse’s death while on duty, but not as a result of the immediate effect of any job-related injury; **OR**
- d.  **Lump Sum Accumulated Contributions:** I elect to receive a refund of my spouse’s accumulated contributions, paid to me in a lump sum.

<sup>1</sup> Please submit a certified copy of your marriage certificate, together with a notarized affidavit certifying that you were married to the decedent at the time of his or her death. Also, list the names and ages of any surviving children under 18 years of age or any child who is permanently mentally or physically disabled.

2. **PRE-RETIREMENT NON DUTY DEATH – VESTED**

As Surviving Spouse of the deceased Firefighter, a vested New System Member, who suffered a Non-Duty Death prior to his Retirement Date, I elect to receive the following Survivor Benefit (Select One):<sup>2</sup>

- a.  **Joint and Survivor Annuity:** [Available only if the Firefighter was eligible for a retirement benefit at the time of death], I elect to receive a joint and survivor annuity, actuarially calculated as if my spouse had retired on the day before his date of death and based on the joint life expectancy of me and my spouse. I understand that I shall be paid in equal periodic payments each month for as long as I live; **OR**
- b.  **50% Survivor Benefit:** As Surviving Beneficiary of the Deceased Firefighter, a vested New System Member, who suffered a Non-duty Death while active, (including any Member who dies while in the DROP), I hereby elect to receive the following: A life annuity of 50% of the deceased Firefighter’s salary at the time of his death; **OR**
- c.  **Lump Sum Accumulated Contributions:** I elect to receive a refund of my spouse’s Accumulated Contributions, paid to me in a lump sum.

3. **PRE-RETIREMENT NON DUTY DEATH – NON VESTED**

As Surviving Spouse of a deceased Firefighter, a non-vested, New System Member, who suffered a non-duty death prior to his Retirement Date and who has not received a refund of his accumulated contributions, I elect to receive the following Death Benefit (Select One):

- a.  A life annuity of \$1,200.00 per month payable for my life; **OR**
- b.  A refund of the deceased Firefighter’s accumulated contributions.

**D. ALTERNATE FORM OF PAYMENT-PARTIAL LUMP SUM OPTION PAYMENT (“PLOP”)**

If you selected any of the life-annuity benefits (numbers C(1)(a), (b), or (c), or C(2)(a), (b) or (c)), you may elect to receive your benefit in the form of a PLOP. If you wish to receive your benefit as a PLOP, please mark the box below after reading the explanation of the benefit.

**Partial Lump-Sum Option Payment (PLOP).** My life annuity benefit will be paid to me for as long as I live in reduced equal monthly payments, plus an initial lump-sum benefit not to exceed an amount equal to my normal monthly benefit multiplied by sixty (60), with no further benefits to be paid at my death. I understand that my monthly retirement benefit will be actuarially reduced based on the lump-sum amount I select and my current age. I also understand that any cost of living adjusted (“COLA”) granted by the Board of Trustees will be based only on the reduced monthly benefit and not on the partial lump-sum benefit.

Below, please select the number of months you wish to receive as your partial lump-sum payment.

I, \_\_\_\_\_, hereby select to receive my PLOP benefit based on \_\_\_\_\_ (1-60) months. (May not exceed 60 months).

I understand that I must notify the Trustees of the Fund, in writing, if the above information should change. I certify that the above information is true and correct to the best of my knowledge and belief.

_____ Signature of Surviving Spouse	_____ Date
Date filed with Board of Trustees: _____	(To be completed by the Fund Office)

<sup>2</sup> In no event will your benefit be less than the minimum pension payable under La. R.S. 11:3383(A).

**FIREFIGHTERS' PENSION & RELIEF FUND  
FOR THE CITY OF NEW ORLEANS**  
3520 General DeGaulle Drive, Suite 3001  
New Orleans, Louisiana 70114  
Telephone: (504) 366-8102  
Fax: (504) 366-8103

**APPLICATION FOR PRE-RETIREMENT SURVIVOR BENEFIT  
BY SURVIVING SPOUSE  
(NEW SYSTEM FIREFIGHTER)**

I hereby apply for any Survivor Benefits payable from the Firefighters' Pension & Relief Fund for the City of New Orleans ("Fund") and agree to be bound by the Louisiana statutes establishing the Fund, La. R.S. 11:3361 et seq., and the Rules and Regulations adopted thereunder by the Board of Trustees of the Fund. I hereby request that the Board of Trustees of the Fund determine my eligibility to receive any Survivor Benefits by reason of the death of the named New System Firefighter below. I understand that this Application will be reviewed by the Board only after my application file is complete and I have provided all requested documentation.

**PLEASE COMPLETE FULLY – PRINT OR TYPE ANSWERS, THEN SIGN, DATE AND RETURN THIS FORM TO THE FUND OFFICE.**

**A. INFORMATION ABOUT DECEASED FIREFIGHTER**

Name of deceased Firefighter: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Firefighter at time of death: \_\_\_\_\_  
(Please submit verification of date of birth, e.g. birth certificate or license, and verification of death, i.e. certified copy of death certificate.)

Date of Employment: \_\_\_\_\_ Date Retired (if applicable): \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Years of Service of deceased Firefighter at time of death: \_\_\_\_\_

If you contend the Firefighter suffered death in the line of duty, please identify direct cause of death (you should note what duties the Firefighter was performing, what injury he sustained and how he died).

\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please attach a supporting letter.)

Does the Firefighter have child(ren) under the age of 18 **OR** who are totally or permanently disabled for life?  
 YES  NO If **YES**, the child(ren) may be entitled to survivor benefits. An Application for Survivor Benefits for Dependent Child must be completed for each child.

**B. INFORMATION ABOUT SURVIVING SPOUSE**

I certify that I am the surviving spouse of the deceased Firefighter to whom I was legally married at the time of death, and hereby apply for any Survivor Benefits checked below, payable to me by reason of the death of the Firefighter.

Name of Surviving Spouse: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
(Please submit a certified copy of your marriage certificate, together with a notarized affidavit certifying that you were married to the decedent at the time of his or her death.)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please submit verification of date of birth, i.e. certified copy of birth certificate.)

Does the surviving spouse have child(ren) under the age of 18 or who are totally or permanently disabled for life who depended on the Firefighter for support?  
 YES  NO If **YES**, the child(ren) may be entitled to survivor benefits. An Application for Survivor Benefits for Dependent Child must be completed for each child.

**C. BENEFIT CLAIMED BY SURVIVING SPOUSE**

**1. ACTIVE FIREFIGHTERS.** Please make an election under this section only if the deceased Firefighter was still employed by the Fire Department at the time of his death. If the deceased Firefighter was no longer employed by the Fire Department at the time of his death, please proceed to INACTIVE FIREFIGHTERS Section below.

**a. FIREFIGHTER WHO DIED WHILE ON DUTY.** Please **select only one** of the following Survivor Benefits under this section if the deceased Firefighter died while he was on duty at the time of his death. If he died while he was off duty, please make an election in FIREFIGHTER WHO DIED WHILE OFF DUTY Section below.

- Joint Spouse Annuity:** I elect to receive a Joint Spouse Annuity, calculated on the basis of my spouse's Service Retirement Benefit as if he had completed 20 Years of Service prior to his death; **OR**
- Percentage of the Firefighter's Salary:** I elect to receive the sum of 66-2/3% or 50% of my spouse's salary at the time of his death, paid as an annuity, for life (I understand that the percentage I receive will be based on whether the Trustees determine that my spouse died from the immediate effects of an injury received while on duty or in a manner other than from the immediate effects of an injury received while he was on duty); **OR**
- \$1200 Monthly Benefit:** I elect to receive a monthly pension benefit of \$1200 for life.

**b. FIREFIGHTER WHO DIED WHILE OFF DUTY.** Please make an election under this section only if the deceased Firefighter died while he was off duty. Please select only one of the following Survivor Benefit:

- Joint Spouse Annuity:** I elect to receive a Joint Spouse Annuity, actuarially calculated as if my spouse had retired on the day before his date of death and based on the joint life expectancy of the Firefighter and me (I understand that I may only elect this option if the Firefighter had worked at least twelve (12) years of service and was at least fifty (50) years of age at his time of death); **OR**
- \$1200 Monthly Pension:** I hereby elect to receive a monthly pension benefit of \$1,200.

**2. INACTIVE FIREFIGHTERS.** Please make an election under this section only if the deceased Firefighter was **not** employed by the fire department at the time of his death. Please select only one of the following Survivor Benefit:

- Joint Spouse Annuity:** I elect to receive a Joint Spouse Annuity, actuarially calculated as if my spouse had retired on the day before his date of death and based on the joint life expectancy of the Firefighter and me (I understand that I may only elect this option if the Firefighter had worked at least twelve (12) years of service and was at least fifty (50) years of age at his time of death); **OR**
- \$1200 Monthly Pension:** I hereby elect to receive a monthly pension benefit of \$1,200; **OR**
- Lump Sum Accumulated Contributions:** I elect to receive a refund of my spouse's Accumulated Contributions, paid to me in a lump sum.

**D. ALTERNATE FORM OF PAYMENT-PARTIAL LUMP SUM OPTION PAYMENT ("PLOP")**

If you selected any of the life-annuity benefits, you may elect to receive your benefit in the form of a PLOP. If you wish to receive your benefit as a PLOP, please mark the box below. **You cannot make this election if you have chosen to receive a refund of your spouse's Accumulated Contributions.**

- Partial Lump-Sum Option Payment (PLOP):** My life annuity benefit will be paid to me for as long as I live in reduced equal monthly payments, plus an initial lump-sum benefit not to exceed an amount equal to my normal monthly benefit multiplied by sixty (60), with no further benefits to be paid at my death. I understand that my monthly retirement benefit will be actuarially reduced based on the lump-sum amount I select and my current age. I also understand that any cost of living adjustment ("COLA") granted by the Board of Trustees will be based only on the reduced monthly benefit and not on the partial lump-sum benefit.

Below, please select the number of months you wish to receive as your partial lump-sum payment.

I, \_\_\_\_\_, hereby select to receive my PLOP benefit based on \_\_\_\_\_ (1-60) months.  
(May not exceed 60 months)

**E. ROLLOVER ELECTION.** I understand that the initial lump sum payment of the PLOP or the refund of the Accumulated Contributions may be eligible to be rolled over to a traditional individual retirement account ("IRA"), ROTH IRA or eligible employer plan. By signing this application, I certify that I have been given a Special Tax Notice Regarding Distribution of Benefits and a Rollover Election form.

I understand that I must notify the Trustees of the Fund, in writing, if the above information should change. I certify that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Surviving Spouse

\_\_\_\_\_  
Date

Date filed with Board of Trustees: \_\_\_\_\_  
(To be completed by the Fund Office)

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