

Survivor Benefit Application

Complete this application to apply for a monthly DERP Pension Benefit payment if you're the surviving spouse, the guardian or legal representative for a child under the age of 18, a child aged 18 or over, or the designated beneficiary of a DERP member who passed away.

Important! Keep the following in mind as you complete your application:

- 1. Submit an original certified death certificate.**
 - ✓ Copies won't be accepted.
 - ✓ The death certificate will be returned to you by mail.
- 2. Complete a separate application for children under age 21.**
 - ✓ Submit a **separate application** for each child under the age of 21.
 - ✓ Include a **certified birth certificate** for each child under the age of 21.
- 3. Confirm you're the member's surviving spouse.**
 - ✓ Submit a copy of your **certified marriage certificate** to verify your relationship.
- 4. Submit a copy of your certified birth certificate or passport if you're the designated beneficiary.**
 - ✓ A certified birth certificate is a legal document issued by the vital records office in the state where you were born. The certified copy has a raised seal, the signature of the Local Registrar, and is printed on security paper.
 - ✓ We won't accept a birth registration, driver license, or hospital-issued birth certificate.
- 5. Provide guardianship documentation for children under age 18.**
 - ✓ If the child is under the age of 18, the **guardianship or legal representative** must submit documentation of guardianship or legal representation.
- 6. Get your application notarized.**
 - ✓ You must sign your application in the presence of a notary.
 - ✓ Incomplete, unsigned, or unnotarized applications won't be processed.
- 7. Consult the appropriate resources for tax questions.**
 - ✓ We can't provide tax counseling.
 - ✓ Contact your personal tax advisor, the IRS, and/or the Colorado Department of Revenue for any tax-related questions.



START HERE

Step 1 – Deceased Member Information

Deceased Member's Name (First, Middle Initial, Last)

Deceased Member's DERP ID

Call our office if you don't know their DERP ID.

Date of Death



Step 2 – Applicant Information This is the person who will receive the benefit.

Applicant Name (First, Middle Initial, Last)

Applicant Address and/or P.O. Box, City, State, and Zip Code

Applicant Social Security Number

Applicant Date of Birth

Applicant Primary Email Address

Applicant Primary Phone Number

Step 3 – Bank Account Information

Check the box where you want your payment deposited and attach the required documentation.

We cannot deposit funds to financial institutions outside the United States and its territories. If you live outside the United States or its territories and do not have a U.S bank account, your monthly benefit payment will be mailed to the address listed in your MyDERP.org account.

Checking – Attach a voided check or bank letter that includes the routing and account numbers. Do not attach a deposit slip.

Savings – Attach a bank letter that includes the routing and account numbers.

Your DERP Pension Benefit payment is deposited into your bank account on the first business day of the month. You can find your monthly direct deposit advice in your MyDERP.org account.

Step 4 – Federal Tax Withholding Election

Do not withhold federal income tax.

Withhold federal income tax based on the tax tables for:

A married individual

Optional: If you want additional tax withheld enter the amount below:

\$ _____

A single individual

Optional: if you want additional tax withheld enter the amount below:

\$ _____

Withhold federal income tax based on either a fixed percentage or amount.

I elect to have _____% withheld

I elect to have \$ _____ withheld.



Step 5 – Colorado State Income Tax Withholding Election

We're unable to withhold taxes for any state other than Colorado. If you move outside of Colorado, make sure to update your election.

Do not withhold Colorado state tax.

Withhold Colorado state tax based on the tax tables for:

A married individual

Optional: If you want additional tax withheld enter the amount below:

\$ _____

A single individual

Optional: if you want additional tax withheld enter the amount below:

\$ _____

Withhold Colorado state tax based on either a fixed percentage or amount.

I elect to have _____ %
withheld.

I elect to have \$ _____ withheld.

Important! The percentage amount for Colorado state income tax will be rounded down to the nearest whole dollar (for example, \$12.99 becomes \$12).

Important! The dollar amount entered must be a whole number (no decimals).

Step 6 – Health Insurance Elections

As a designated beneficiary, or a child under the age of 21, of a deceased member, you're eligible to enroll in, or continue your enrollment in, health insurance offered through DERP. Health insurance includes medical plus prescription drug, dental, and vision plans.

Continue. I want to continue my health insurance coverage through DERP.

I understand if I continue my health insurance elections with DERP, I won't have a break in coverage. If I want to modify my elections, I can during the annual Open Enrollment period or if I experience a qualifying life event and complete and submit the **Health Insurance Election Form** within 30 days of the event.

Change. I want to change my health insurance coverage through DERP.

I understand since this is considered a qualifying life event, I can change my health insurance elections with DERP and I won't have a break in coverage if I complete the complete and submit the **Health Insurance Election Form** within 30 days of the death of the member. If I need to modify my elections after 30 days, I understand that I'll need to wait until the Open Enrollment period.

Yes, I want to enroll in health benefits offered through DERP.

I understand I must complete the **Health Insurance Election Form** and submit with this application. For more information, and to download the form, visit DERP.org.

No, I don't want to enroll in health benefits offered through DERP.

I understand if I want to enroll in health benefits, I can only do so during the annual Open Enrollment period or if I experience a qualifying life event and complete and submit the **Health Insurance Election Form** within 30 days of the event.



Step 7 – Certification and Notarization Your form will not be processed if it's not signed and notarized.

I'm applying to receive a monthly DERP Pension Benefit payment as provided for in Sections 18-401 through 18-433 of the Revised Municipal Code of the City and County of Denver. By signing below, I certify, acknowledge, and affirm the following:

1. Eligibility

I'm the Joint and Survivor beneficiary of the deceased member, the guardian or legal representative for a child of the deceased member who is under the age of 18, or the child of a deceased active or inactive vested member who is over 18 but under 21.

2. Terms

- A. As the Joint and Survivor beneficiary of a deceased member, I understand this benefit cannot be passed on to others and that it will end upon my death.
- B. As the child of a deceased active or inactive vested member, I understand that my benefit ends the month I turn 21.

3. Accuracy

To the best of my knowledge, the information provided in this application is true and complete and I confirm my health insurance elections as indicated on this form.

Beneficiary Signature **OR**
Guardian or Legal Representative for a Child Under Age 18 Signature
(Must be signed in the presence of a notary.)

Date

State of _____

County of _____

Signed before me on (date) _____

Notary's Official Signature

Commission Expiration



Step 8 – Submit Your Survivor Benefit Application

Submit your completed and notarized application and the following documents:

- ✓ An **original certified death certificate** for the deceased member. It will be returned to you by mail.
- ✓ A **separate application** for each child under age 21.
- ✓ A copy of your **certified marriage certificate** if you're the surviving spouse.
- ✓ A **voided check** or **bank letter** showing the routing and account number for the bank account you want your monthly DERP Pension Benefit payment deposited into.

You can submit to us using one of the following methods:

- | | | | |
|------------------|-----------------|---|----------------|
| ✓ Mail: | ✓ Email: | ✓ Drop off: | ✓ Fax: |
| DERP | Help@DERP.org | <ul style="list-style-type: none">• Use the mail slot in the front door.• Put in the secure drop box inside the vestibule if the front door is unlocked. | (303) 839-9525 |
| 777 Pearl St. | | | |
| Denver, CO 80203 | | | |

Need to visit us in person? Schedule an appointment. Walk-in visits aren't available.

