

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! When completing this form keep the following in mind:

1. Submit an Original Certified Death Certificate

- ✓ Provide an **original certified death certificate**; copies will not 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. Provide Guardianship Documentation for Children Under 18

- ✓ If the child is under the age of 18, the **guardianship or legal representative** must submit documentation of guardianship or legal representation.

4. Notarize Your Application

- ✓ Ensure the application is **completed and signed in the presence of a notary**.
- ✓ Incomplete, unsigned, or unnotarized applications will not be processed.

5. Consult the Appropriate Resources for Tax Questions

- ✓ DERP cannot provide tax counseling. Contact your personal tax advisor, the IRS, and/or the Colorado Department of Revenue for any tax-related questions.

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 – Bank Account Information

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.

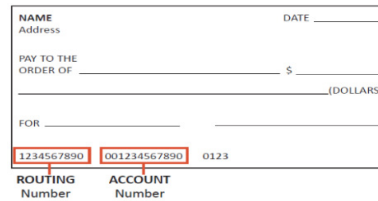
We cannot deposit funds to financial institutions outside the United States and its territories. If you live outside the United States or its territories and do not have a U.S bank account, your monthly DERP Pension Benefit payment will be mailed to the address listed in your MyDERP.org account.

Financial Institution Name

Financial Institution Address (Number and Street), City, State, Zip Code

Routing Number (9 digit)

Account Number



Important! Attach a voided check or bank letter to verify the routing and account numbers.

Step 3 – Federal Tax Withholding Election

Do not withhold federal income tax.

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

I elect to have _____% withheld from each payment.

I elect to have \$ _____ withheld from each payment.

Withhold federal income tax based on the tax tables.

Married

Single

Step 4 – Colorado State Income Tax Withholding Election

We're unable to withhold taxes for any state other than Colorado. Colorado law excludes from state income tax pension income up to \$24,000 per year for those age 65 and over, and \$20,000 per year for those age 55 to 64.

Do not withhold Colorado state tax.

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

I elect to have _____ % withheld from my withdrawal distribution.

I elect to have \$ _____ withheld from my withdrawal distribution.

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

Withhold Colorado state tax based on the current tax rate.

Married

Single

Step 5 – 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 that 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 that 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 6 – 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. Confirm Eligibility

I confirm 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. Acknowledge Benefit 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. Affirm 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 (Must be signed in the presence of a notary.)

Date

The Notarization Section is on the next page. Be sure to complete that section to avoid delays.

Notarization Section

State of _____

County of _____

Signed before me on (date) _____

by _____
(name(s) of individual(s) making statement)

Notary's Official Signature

Commission Expiration

Step 7 – Submit

Send us the following documents:

- ✓ Your **completed and notarized form**.
- ✓ An **original certified death certificate** for the deceased member. It will be returned to you by mail
- ✓ 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.

How to submit:

- ✓ **Mail** your documents to:
DERP
777 Pearl St
Denver CO 80203
- ✓ Or **drop them off**:
 - Use the **mail slot in our front door**.
 - Or if the front door is unlocked, place them in the **secure drop box inside the vestibule**.

If you want to meet with someone in person, you must schedule an appointment in advance.