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This publication is for families of vested, deceased members. The information inside will help you with:

- *Determining Your Eligibility,*
- *Understanding Your Benefits,*
- *Applying For Your Benefits, and*
- *Completing Your Application*

If you have any questions about the information in this publication or the *Application for Survivor Annuity* that should accompany this publication, please contact a retirement counselor in the Benefits Unit of APERS at (501) 682-7830 inside Pulaski County or toll free at 1-800-682-7377 outside Pulaski County.

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## Part I. Determining Your Eligibility

If an active member or a former member with at least five years of service dies before retirement, the member's survivors may be eligible for benefits. The plan recognizes three types of survivors: a spouse, a dependent child, and, in some cases, dependent parents. To be eligible for a benefit, each survivor must meet certain requirements which are listed below.

Type of Survivor	Requirement
<b>Spouse</b>	■ Married to the member at least the one (1) year immediately preceding the member's death
<b>Dependent Child</b>	■ Unmarried, and ■ Under age eighteen (18) <i>The age 18 limit is extended under the following conditions:</i> <ul style="list-style-type: none"><li>• For a child who continues uninterruptedly as a full-time student at an accredited secondary school (high school), college, or university, age 18 is extended to age twenty-three (23).</li><li>• For a child who has been deemed physically or mentally incompetent by an Arkansas court of competent jurisdiction, age 18 is extended for as long as the incompetency exists.</li></ul>
<b>Dependent Parent</b>	■ There is neither a spouse nor a dependent child, and ■ Dependent upon the member for at least 50% of his or her financial support

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## Part II. Understanding Your Benefits

If there are survivors eligible for benefits, the survivors will receive an annuity (a series of regular payments) that is paid each month. The survivors annuity will be effective on the first day of the month following the member's date of death.

### Spouse

The amount of a spouse annuity is the greater of either 10% of the member's APERS annual compensation at the time of death or the beneficiary amount under the 75% Survivor Beneficiary Annuity (Option B75).

If the member had acquired twenty (20) years of service or was otherwise eligible for normal retirement, the spouse annuity will be payable for life. If the member had not acquired twenty (20) years of service and was not otherwise eligible for normal retirement, the spouse annuity will be payable until the surviving spouse's death or remarriage. In any event, as long as the surviving spouse cares for any of the deceased member's children who receive a benefit, the spouse annuity will continue to be payable.

### Dependent Child

The amount of a child annuity depends on the total number of eligible surviving children:

- **For 1-2 children** - Each child receives the greater of either 10% of the member's APERS annual compensation at the time of death or an equal share of \$150.
- **For 3 or more children** - Each child receives the greater of an equal share of 25% of the member's annual compensation at the time of death or an equal share of \$150.

A child annuity is payable until the child's death or for as long as he or she remains a dependent child (see dependent child requirements above in "Part I. Determining Your Eligibility").

### Dependent Parent

The amount of a parent annuity is the greater of either 10% of the member's APERS annual compensation at the time of death or an equal share of \$150. The parent annuity is payable for the parent's lifetime.

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## Part III. Applying For Your Benefits

You may apply for a survivor annuity at any time after the death of the member. To apply for a survivor annuity, you must submit the following required documents:

- 1) an *Application for Survivor Annuity form*,
- 2) a *death certificate*,
- 3) *proof of age*,
- 4) a *social security card*, and
- 5) a *marriage license*.

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## REQUIRED DOCUMENTS

### 1) Application for Survivor Annuity

The application is required to determine if there are any eligible survivors that qualify for benefits. The remaining required documents may not be necessary if there are no eligible survivors. We recommend that you submit the application even if it appears there are no survivors eligible for benefits. We can review all of the information and make a final determination. You can mail or hand-deliver an application, but we do not accept faxed applications.

**2) Death Certificate** - You must provide a certified copy of the member's death certificate.

### 3) Proof of Age

You must provide proof of age for each eligible survivor before the survivor can begin receiving annuity payments. The proof of age document must list your date of birth or age. We can accept the following documents as proof of age:

**One of the following documents:**

**-OR-**

**Any combination of two of the following documents that agree:**

- Birth certificate issued at date of birth
- Birth certificate issued at any date before age 5
- Baptismal or other church records issued before age 5
- U.S. census report issued 1920 or before
- Social Security Administration document, other than an application for social security number, that states age or date of birth recognized by SSA.

- Marriage license which shows age or date of birth
- Insurance policy issued at least 10 years prior to current date
- Records from family bible
- Military discharge
- Child's birth certificate
- Application for social security number
- Birth certificate issued at date when person was older than age 5 when certified by the appropriate agency.

### 4) Social Security Card

You must provide verification of the social security number for each eligible survivor. The most common verification is a copy of a social security card. If you do not have a copy of your social security card, we can accept a document issued from the Social Security Administration that shows the social security number that they recognize for you.

**4) Marriage License** - When there is an eligible surviving spouse, you must provide a copy of the marriage license.

## ADDITIONAL DOCUMENTS

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You may need to submit other forms or documents in addition to required documents. Use the following list to verify if you should submit any additional documents:

- *Verification of Dependent Survivor Status* form - Required for dependent children over age 18 who have been continuously enrolled as a full-time student. A verification form is required for each fall (August - December) and spring (January - May) semester or term beginning with the semester or term that the child attained age 18.
- *Employer Verification of Credited Service* form - Required for public safety members only.
- *Copy of Member's Tax Return* - Required for parents. We require a copy of the member's tax return (certified/stamped by the IRS) for the previous year. The tax return must show that the member claimed the parent as a dependent.

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## Part IV. Completing Your Application

The following explains how to complete sections II, III, V, VI and VII of the *Application for Survivor Annuity* form.

### II. CREDITED SERVICE STATEMENT

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#### 1. Service in other Arkansas state-supported retirement systems (reciprocal service)

APERS can recognize a deceased member's credited service from other Arkansas state-supported retirement systems to help meet the five-year requirement for survivor benefits. If the member already retired from an Arkansas state-supported retirement system, survivors are not eligible to use reciprocity. You must indicate whether the member had credited service in any of the following reciprocal retirement systems:

- Teacher Retirement System
- State Highway Employees Retirement System
- State Police Retirement System
- Local Police and Fire Retirement System
- Judicial Retirement System
- District Judges Retirement System
- An alternate retirement plan for post-secondary institutions or departments (ex: TIAA or VALIC)

#### 2. Service as an Elected Public Official

You must indicate whether the member had service as an elected public official or a public safety member.

**Elected Public Official** - An elected public official is a member who holds a municipal, county or state position elected by the public. An elected public official may also include a member who is appointed to complete the term for an elected position.

**Public Safety Member** - A public safety member is a member whose employment is for personal services as a police officer or a firefighter and whose employment in a public safety position started *prior to July 1, 1997*. For public safety credit in APERS, the Arkansas Code defines a "police officer" and a "firefighter" as the following:

- "Police officer" means any regular or permanent employee whose primary duty is law enforcement of a municipal police department or a county sheriff's office and also includes wildlife officers of the Arkansas State Game and Fish Commission and all officers and the Director of the State Capitol Police.

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## **Part IV. Completing Your Application**

### **Public Safety Member - continued...**

- “Firefighter” means any regular employee of a fire department whose primary duty is fire fighting, including probationary firefighters.
- Exclusions: “Police officer” or “firefighter” does not include any civilian employee or any person temporarily employed during an emergency. A “police officer” does not include an employee whose primary duty is as a jailor, radio dispatcher, bailiff, or probation officer.

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### **III. SURVIVOR INFORMATION**

You must list information about the eligible survivors. For each survivor, provide the full name, relationship to the member, date of birth, and social security number. You must also provide the mailing address for the survivors. If any survivor resides at a different address from the others, list that survivor’s name and address at #2 of section III(b).

*Sections V through VII are contained on page 2 of the application. This page contains direct deposit and tax information, and a separate page is required for each survivor that you list in section III. Survivor Information. For example, if you list three survivors in section III of page 1, then you must submit three copies of page 2 - one separate page for each of the three survivors.*

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### **V. DIRECT DEPOSIT AUTHORIZATION**

APERS requires that your annuity payments be deposited directly into a financial institution account. Direct deposit is the most efficient and safest method to deliver your payments to you. On the first working day of each month, APERS deposits your annuity payment into a checking or savings account that you designate. The deposit represents your payment for that month. You must certify that you do not have a bank account, or a representative of your financial institution must furnish your account information.

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### **VI. FEDERAL INCOME TAX WITHHOLDING ELECTION**

Your retirement annuity is subject to Federal income tax. You must elect how APERS must withhold the tax from your annuity payments. You can elect that Federal income tax (1) not be withheld or (2) be withheld using standard tax tables and an optional (3) fixed additional amount. If you do not make a withholding election, APERS must withhold federal income tax as if you are married and claim three allowances. If the member had employee contributions in the system from a refund repayment or service purchase, you may be able to reduce the taxable amount of your monthly benefit using the Safe Harbor method (IRS Publication 575) or the Pension General Rule (IRS Publication 939). For questions regarding federal income taxes, contact the Internal Revenue Service or review its Publication 575 *Pension and Annuity Income*.

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### **VII. STATE INCOME TAX WITHHOLDING ELECTION**

Your retirement annuity may be subject to Arkansas income tax. You must elect how APERS must withhold the tax from your annuity payments. You can elect that Arkansas income tax (1) not be withheld, (2) be withheld using standard tax tables, or (3) be withheld using a fixed amount. The first \$6,000 of your annuity payments is excluded from income tax. For questions regarding Arkansas income taxes, contact the Arkansas Department of Finance and Administration.

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### **Additional Form - VERIFICATION OF DEPENDENT SURVIVOR STATUS**

The Student status for any dependent children over age 18 who have been continuously enrolled as a full time student must be verified using the Verification of Dependent Survivor Status form. APERS requires verification for EACH regular school semester from the parent or guardian AND the school.

The Parent or guardian completes sections I “**Dependent Information**” making sure to include the Current Semester (i.e. Fall 2012).

The Parent or guardian completes section III. “**Parent Verification**” and include a signature and date.

The school/college completes section IV. “**School Verification**”, and include the signature of an authorized school representative and includes a contact number.

The completed form must be submitted to APERS prior to any payment being released.

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### **Return all completed forms to:**

APERS ■ Attn: Retirement Applications ■ 124 W. Capitol Ave, Ste 400 ■ Little Rock AR 72201

**Application for Survivor Annuity**

**I. MEMBER INFORMATION**

Member Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Last APERS Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Marital Status:  Single  Married Gender:  Male  Female Date of Death: \_\_\_\_\_

**II. CREDITED SERVICE STATEMENT**

1. Did the member have credited service in any other Arkansas state-supported retirement system?  No  Yes  
 If Yes, list name of system(s): \_\_\_\_\_  
 2. Did the member have any service in APERS as an elected public official?  No  Yes If Yes, complete #4  
 3. Did the member have any service in APERS as a public safety member?  No  Yes If Yes, complete #4  
 4. If you answered Yes to #2 or #3, list the employer and dates of service for each elected or public safety position.

<u>Position</u>	<u>Employer</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____

**III. SURVIVOR INFORMATION**

a.) For each eligible survivor, provide the name, relationship to the member, date of birth, and social security number.

<b>Full Name (First, MI, Last)</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Social Security No.</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

b.) For the survivors listed above, provide a mailing address at #1 below. If any survivor resides at a different address, list the survivor's name and address at #2.

1. **Mailing Address:** \_\_\_\_\_  
 2. **Name(s)/Mailing Address:** \_\_\_\_\_

**IV. APPLICANT SIGNATURE**

I acknowledge that I have been provided with the *Applying for Survivor Benefits* publication which explains eligibility requirements and benefits for survivors. Based on the requirements described in the publication, I have listed the deceased member's eligible survivors above in section III. *Survivor Information*, and I certify that these persons are the only survivors that qualify.

Signature of Applicant: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

## Application for Survivor Annuity

*This page of the application is required for each survivor listed on page 1 in section III. Survivor Information.*

Survivor Name: \_\_\_\_\_ Survivor SSN: \_\_\_\_\_ R

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

### V. DIRECT DEPOSIT AUTHORIZATION

1.  I certify that I do not have a bank account.
2.  I authorize APERS to deposit my net monthly benefit to the account indicated below with the same effect as if a check had been delivered to me for that amount.  
Type of Account:  Checking  Savings      Account Number: \_\_\_\_\_

**For Direct Deposit - To Be Completed By Your Financial Institution.** *For a checking account only: You may attach a "voided" check in this area instead of having your financial institution complete the section.*

Bank (ACH) Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name and Address: \_\_\_\_\_

I confirm the identity of the above-named payee and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Representative Name: \_\_\_\_\_ Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**ATTACH VOIDED CHECK IN THIS AREA**

### VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

1.  Do not withhold any Federal income tax from my annuity.
2.  Withhold Federal income tax using the **standard tax tables**.  
 Single     Married     Married, but withhold at higher "Single" rate  
Number of Allowances \_\_\_\_\_
3.  **Additional amount**, if any, you want withheld from each annuity payment (*you cannot enter an amount here without entering the number of allowances on line 2*). \$ \_\_\_\_\_

### VII. STATE INCOME TAX WITHHOLDING ELECTION

1.  Do not withhold any Arkansas income tax from my annuity.
2.  Withhold Arkansas income tax using the **standard tax tables**.  
 Single     Married  
Number of Dependents (Do not include yourself or your spouse) \_\_\_\_\_
3.  Withhold Arkansas income tax using the fixed amount of \$ \_\_\_\_\_ per month.

### VIII. SURVIVOR SIGNATURE

I certify that I have read and understand the provisions regarding direct deposit and income tax withholding, and I choose to have my payment issued to me based on my elections above. If I have a bank account, I authorize the financial institution indicated above to credit my net monthly benefit to my account. If an overpayment is made, I authorize APERS to debit the account to correct the overpayment. This authority is effective until I notify APERS in writing to terminate it. I understand that I will not receive notice of the monthly deposit.

Signature of Survivor or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Survivor Annuity

*This page of the application is required for each survivor listed on page 1 in section III. Survivor Information.*

Survivor Name: \_\_\_\_\_ Survivor SSN: \_\_\_\_\_ R

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

### V. DIRECT DEPOSIT AUTHORIZATION

1.  I certify that I do not have a bank account.
2.  I authorize APERS to deposit my net monthly benefit to the account indicated below with the same effect as if a check had been delivered to me for that amount.  
Type of Account:  Checking  Savings      Account Number: \_\_\_\_\_

**For Direct Deposit - To Be Completed By Your Financial Institution.** *For a checking account only: You may attach a "voided" check in this area instead of having your financial institution complete the section.*

Bank (ACH) Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Financial Institution Name and Address: \_\_\_\_\_

I confirm the identity of the above-named payee and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Representative Name: \_\_\_\_\_ Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

**ATTACH VOIDED CHECK IN THIS AREA**

### VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

1.  Do not withhold any Federal income tax from my annuity.
2.  Withhold Federal income tax using the **standard tax tables**.  
 Single     Married     Married, but withhold at higher "Single" rate  
Number of Allowances \_\_\_\_\_
3.  **Additional amount**, if any, you want withheld from each annuity payment (*you cannot enter an amount here without entering the number of allowances on line 2*). \$ \_\_\_\_\_

### VII. STATE INCOME TAX WITHHOLDING ELECTION

1.  Do not withhold any Arkansas income tax from my annuity.
2.  Withhold Arkansas income tax using the **standard tax tables**.  
 Single     Married  
Number of Dependents (Do not include yourself or your spouse) \_\_\_\_\_
3.  Withhold Arkansas income tax using the fixed amount of \$ \_\_\_\_\_ per month.

### VIII. SURVIVOR SIGNATURE

I certify that I have read and understand the provisions regarding direct deposit and income tax withholding, and I choose to have my payment issued to me based on my elections above. If I have a bank account, I authorize the financial institution indicated above to credit my net monthly benefit to my account. If an overpayment is made, I authorize APERS to debit the account to correct the overpayment. This authority is effective until I notify APERS in writing to terminate it. I understand that I will not receive notice of the monthly deposit.

Signature of Survivor or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Verification of Dependent Survivor Status

### I. DEPENDENT INFORMATION

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Current Semester: \_\_\_\_\_  
 Fall, Spring or Summer and Year

### II. DEPENDENT STATUS NOTICE

APERS pays survivor annuities to **dependent children** - children who are unmarried and younger than age eighteen (18). We extend the age eighteen (18) maximum to age twenty-three (23) if the child continues uninterruptedly as a full-time student at an accredited secondary school, college or university. To determine if a child over age 18 is a dependent child, we request verification for each regular school semester from the parent or guardian and from the school.

### III. PARENT VERIFICATION

**Parent or Guardian: Please answer the following questions to help APERS determine if the child still qualifies as a dependent child. If you answer Yes to both questions, forward this form to the school for completion. If you answer No to either question, return the form directly to APERS.**

1. Is the child unmarried?  Yes  No
2. Is the child attending an accredited secondary school (high school) or post-secondary school (*college or university*) as a full-time student?  Yes  No

If Yes, list the name of the school: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### IV. SCHOOL VERIFICATION

**School Representative: Please complete the following information to help APERS determine if the child is enrolled as a full-time student. For the most accurate enrollment information, please do not complete this section before the date that classes begin for the current semester.**

#### 1. School Information

Name of School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

#### 2. Enrollment Information

List the dates of the current semester (mm/yy/dd): Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is the child enrolled as a full-time student?  Yes  No

#### School Certification

As an authorized school representative, I certify that the information provided above is the most current information available and was taken from official records of this school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Return completed form to APERS, Attn: Benefits Unit --** By Fax to (501) 682-6595, or  
 By Mail to 124 W. Capitol Ave, Ste 400, Little Rock AR 72201