

Verification of Dependent Survivor Status

I. DEPENDENT INFORMATION

Name: _____ Social Security No: _____
 Permanent Address: _____ Date of Birth: _____
 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 uninterrupted 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.

- Is the child unmarried? Yes No
- 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/dd/yy*): 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