



STATE OF DELAWARE OFFICE OF PENSIONS

BURIAL BENEFIT DESIGNATION FORM

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Name (Print): _____ Member ID or SSN: _____

Please complete form in its entirety and return to Pension Office. Incomplete forms will be rejected.

☐ State Employees' (Retiree Only) ☐ New State Police (Retiree Only) ☐ Closed State Police (Retiree Only) ☐ Legislators' (Retiree Only) ☐ County & Municipal Police & Firefighters' (Actively employed upon death)

Correctly completed forms must be received IN OFFICE prior to the death of the pensioner.

Primary ☐	Gender: M ☐ F ☐
Full Name of Individual, Funeral Home or Organization: _____	
Date of Birth: _____ SSN / EIN: _____ Relationship: _____	
Mailing Address: _____	
Optional Contact Information (Telephone/Email): _____ / _____	

Primary ☐ Secondary ☐ (Choose one – Secondary receives money if Primary deceased)	Gender: M ☐ F ☐
Full Name of Individual, Funeral Home or Organization: _____	
Date of Birth: _____ SSN / EIN: _____ Relationship: _____	
Mailing Address: _____	
Optional Contact Information (Telephone/Email): _____ / _____	

Primary ☐ Secondary ☐ (Choose one – Secondary receives money if Primary deceased)	Gender: M ☐ F ☐
Full Name of Individual, Funeral Home or Organization: _____	
Date of Birth: _____ SSN / EIN: _____ Relationship: _____	
Mailing Address: _____	
Optional Contact Information (Telephone/Email): _____ / _____	

I hereby direct that any amount of burial benefit payable at my death be paid to the Beneficiary(ies) designated above, if living. I understand that if more than one Beneficiary is designated, payment will be made in equal shares to each of the designated Beneficiary(ies) as survive me, unless otherwise specified herein. If, at my death, there is no appropriately designated Beneficiary(ies), for all or any part of the death benefit, the burial benefit may be payable to my estate. Following my death, the burial benefit will be paid after my Beneficiary(ies) have completed and submitted the necessary documentation to the Office of Pensions. The burial benefit is subject to federal income tax.

THIS FORM REVOKES ALL PREVIOUS BENEFICIARY DESIGNATIONS.

All beneficiaries must be restated even if they are not being changed. For example, if you are changing only the secondary beneficiary, you must also restate the primary beneficiary.

X _____ X _____
SIGNATURE TELEPHONE NUMBER

For Use by Notary Public Only

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Place Notary Stamp Here

My Commission Expires:

Post Retirement Burial Benefit

Please read prior to designating a beneficiary!

Please be aware that this is a taxable benefit to the beneficiary.

If you are naming an individual as beneficiary for the sole purpose of paying funeral expenses, please be aware the release of these monies will create a taxable event for that person.

The beneficiary will receive a tax form 1099-R and be required to report the monies on their personal income tax return as taxable income.

If you intend for the burial benefit to pay your funeral expenses, you have the option to name the funeral home as the beneficiary. The funeral home will receive the payout and assume the tax liability for the monies.

To assign a funeral home as beneficiary, you must contact the funeral home and obtain their Tax Identification Number to complete the Designation of Beneficiary form in its entirety. If you choose this option, the Pension Office will, after being notified of your death, release all burial benefit paperwork to the funeral home. The funeral home will complete the paperwork, and payment will be released directly to the funeral home. The Pension Office sends the 1099-R to the funeral home and no individual will be responsible for reporting the taxable income.

Also, be aware your form must be



to be valid!