State of Delaware
Office of Pensions

PRIORITY OF ELIGIBLE SURVIVORS

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

First Name & Middle Initial: _____Last Name:_____

Pension ID:_____

In accordance with Title 11 Del. C. §8351(13) or §8801(14) or Title 29 Del. C. §5528(d), §5614(d), §5578(c) for survivor pension purposes, I would like to change the order of priority of eligible survivors as follows:

Name: _____Date of Birth: _____ Relationship: _____

Name: _____Date of Birth: _____ Relationship: _____

Name: _____Date of Birth: _____ Relationship: _____

***Survivor may be one of the following:**

- Surviving spouse
- Unmarried child or children either under age 18 or between the ages of 18 to 22, and attending school on a full-time basis, or over age 18 but permanently disabled as a result of a disability which began before the child attained age 18 and documented as set forth in the Note.
- Dependent parent who was receiving one-half of his or her support from you at the time of your death

Note: If you designate a disabled child, please attach physician's medical documentation and a copy of the child's birth certificate. If there are eligible children who are not disabled, indicate name of child(ren) and date(s) of birth. If a spouse, indicate name and date of birth. If you wish to list more than three eligible survivors, please complete an additional form.

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PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129
EMAIL: PENSIONOFFICE@DELAWARE.GOV - WWW.DELAWAREPENSIONS.COM

SOP-1 Form - Revised June 2026 - **#104**

Signature _____ Phone _____

For use by Notary Public Only

Sworn to and Subscribed before me the _____day of _____, 20_____.

Signature of Notary Public _____

Place Notary Stamp Here:

My Commission Expire: