

**STATE OF DELAWARE**  
**STATE BOARD OF PENSION TRUSTEES**  
**AND**  
**OFFICE OF PENSIONS**  
MCARDLE BUILDING  
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**COUNTY AND MUNICIPAL POLICE/FIREFIGHTER PENSION PLAN**  
**APPLICATION FOR DEATH BENEFIT PAYMENT**

Please be advised that \_\_\_\_\_  
(Name of Individual)

\_\_\_\_\_ an officer with our \_\_\_\_\_  
(Social Security No.) (Organization)

expired on \_\_\_\_\_. A copy of the death certificate is attached for your files. A search  
(Date of Death)

of available records indicates a survivor's pension is not payable since there is no eligible survivor.

Therefore, pursuant to the provisions of Title 29, Del. C. 8823, we hereby request a death benefit be made to the designated beneficiary(ies) or, in the absence of a designated beneficiary(ies), to the estate of our former employee.

The officer's final pay was on \_\_\_\_\_.  
(Date of Final Pay)

\_\_\_\_\_  
Authorized County/Municipality Signature Title Date