

Date of Birth of dependent child: _____ Date that child will reach the age of 18: _____

Was the child dependent on the Firefighter for support prior to his death, i.e. the Firefighter contributed at least 50% to the support of the child? NO YES If **YES**, please provide an affidavit attesting that the child was dependent on the Firefighter or a court order or judgment showing that the Firefighter was legally required to contribute at least 50% to the support of the child. Please also submit a birth certificate or baptismal certificate indicating that either the Firefighter was and/or the surviving spouse is the parent.

Is the dependent child married? NO YES If **YES**, please provide the date of marriage: _____

Is the dependent child totally and permanently disabled: NO YES If **YES**, please attach a medical or psychological report from a physician or any other qualified health care provider indicating that the child is totally and permanently disabled.

C. INFORMATION ABOUT PERSON FILLING OUT APPLICATION ON BEHALF OF DEPENDENT CHILD

Name: _____

Address: _____
Number & Street City State Zip Code

Telephone Number: _____ Social Security Number: _____

Relationship to dependent child: Parent Legal guardian Tutor

D. BENEFITS CLAIMED BY DEPENDENT CHILD. Please note that a dependent child is entitled to different benefits depending on whether the Firefighter was employed by the Fire Department at the time of his death.

1. ACTIVE FIREFIGHTERS. Please make an election under this section only the deceased Firefighter was still employed by the Fire Department at the time of his death. If the deceased Firefighter was no longer employed by the Fire Department at the time of his death, please proceed to INACTIVE FIREFIGHTERS Section. **Select only one.**

The dependent child **is not** totally and permanently disabled and will receive \$300 per month until the dependent child reaches the age of eighteen (18) or remarries; OR

If the dependent child **is** totally and permanently disabled and will receive \$300 per month for life. Please note that if the medical and/or psychological information indicates that the disabled child can benefit from specialized training in order to become self-supporting, then the child will continue to receive benefits so long as the child is actively enrolled in a specialized school or training program until the child is certified as being qualified to engage in gainful employment. The Board of Trustees may demand at reasonable intervals that the disabled child submit to a medical and/or psychological examination for current evaluation, subject to the penalty of all monthly payments being suspended until submission to examination within fifteen (15) days after request.

2. INACTIVE FIREFIGHTERS. Please make an election under this section only if the deceased Firefighter was **not** employed by the fire department at the time of his death.

Lump Sum Accumulated Contributions: If the Firefighter died after terminating service with the Fire Department, the dependent child is entitled to receive a refund of the Firefighter's accumulated contributions in a lump sum with interest **only if** the Firefighter had no surviving widow or named beneficiary.

E. ROLLOVER ELECTION

The dependent child understands that the refund of the Accumulated Contributions may be eligible to be rolled over to a traditional individual retirement account ("IRA"), ROTH IRA or eligible employer plan. By signing this application, the dependent child certifies that he or she has been given a Special Tax Notice Regarding Distribution of Benefits and a Rollover Election form.

F. ACKNOWLEDGEMENT

The dependent child and his or her Parent, Legal Guardian or Tutor understand that they must notify the Trustees of the Fund, in writing, if the above information should change. All parties certify that the above information is true and correct to the best of their knowledge and belief.

Signature of Dependent Child

Date

Signature of Parent, Legal Guardian or Tutor of Dependent Child

Date

Date filed with Board of Trustees: _____
(To be completed by the Fund Office)

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