



Los Angeles Fire and Police Pensions
 Board of Pension Commissioners
 Attn: Retirement Services Section
 701 East 3rd Street, Suite 200
 Los Angeles, California 90013-1865

APPLICATION FOR SURVIVOR PENSION BENEFITS

Applicant Name _____

Social Security # _____ Date of Birth _____ Email _____

Address _____ Mobile Number _____

_____ Telephone Number _____

Applicant is the qualified surviving spouse or qualified surviving domestic partner of the following deceased member of the Fire and Police Pension System:

Name of Member _____ **Department** _____

Social Security # _____ **Date of Death** _____

TO BE COMPLETED BY DEPARTMENT ONLY

Rank of Member	Years of Service					
Date of Retirement						
Pension Plan of Member	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Type of Pension	Service	S/C Disability			NON-S/C Disability	
SBPP Election Date	SBPP Vested Date			SBPP Percentage		

Marriage Information*

Applicant was legally married to member on _____ Place of Marriage _____

** To be eligible for surviving spouse benefits applicant must have been married to the member:*

- a) for at least one year prior to the member's retirement on a service pension or non-service connected disability pension; or*
- b) on or before the effective date of the member's service-connected disability pension.*

For post-retirement marriages, survivor benefits may be available to the applicant, if the member prior to his/her death, had elected, purchased and vested in the Survivor Benefit Purchase Program (SBPP) for the benefit of such applicant.

Domestic Partner declarations must be on file with the Board of Fire and Police Pension Commissioners and are subject to the same provisions of the Administrative Code and eligibility requirements as a qualified surviving spouse.

**Minor Children (unmarried, natural or legally adopted children of the member under the age of 18)*
and/or**

Adult Dependent Children

Name _____ Date of Birth-Place of Birth _____ Social Security Number _____

** Tiers 3, 4, 5 and 6 Minor Children remain eligible for pension benefits up to age 22, if proof of full-time student status is submitted.*

Applicant declares under penalty of perjury that all the foregoing is true and correct:

Signature _____ Date _____

Subscribed and sworn to before me on _____

Notary Public _____ (Seal)