



GOVERNMENT EMPLOYEES' RETIREMENT SYSTEM

3438 Kronprindsens Gade, GERS Complex- STE 1, St. Thomas, VI 00802-5751 ☎ (340) 776-7703 ☎ Fax (340) 776-4499

3004 Orange Grove, Christiansted, St. Croix, VI 00820-4313 ☎ (340) 718-5480 ☎ Fax (340) 718-5498

APPLICATION FOR DUTY-CONNECTED DEATH ANNUITY

INSTRUCTIONS

CLAIMANT'S STATEMENT must be made by the person or persons to whom the annuity is payable. If there is more than one claimant a statement must be furnished for each.

When the annuity is payable to a minor, the statement must be made by a guardian, an official certificate of whose appointment must be furnished.

If an official inquiry as to cause of death has been made, copy of the verdict, or finding, duly certified, must be furnished with this statement.

A certified copy of the CERTIFICATE OF DEATH must be furnished with this statement. A CERTIFICATE OF DEATH can be obtained from the local Board of Health, or the Division of Vital Statistics. Any such certificate must bear the official seal of the agency issuing it or be properly notarized.

A PHYSICIAN'S STATEMENT must be made by every physician who attended the deceased during his last illness, and for this purpose the System will furnish as many forms as are required.

Every question must be distinctly and fully answered. The system reserves the right to require or to obtain further information should it be deemed necessary.

PROVISIONS OF THE RETIREMENT ACT VIC3 CHAP 27

Section 709 - Duty - Connected Death Annuity

(A) Upon death of a member before retirement as the proximate result of bodily injuries sustained or a hazard undergone while in the performance and within the scope of his duties, if such injuries or hazard were not the consequence of the willful misconduct of the member, the surviving widow of the member shall be entitled to an annuity equal to forty Percent (40 %) of the annual compensation of the member at the date of death of the member, to continue during her widowhood. This annuity shall be increased by ten percent (10%) of the member's compensation on account of each unmarried minor child under age eighteen (18) years, subject to a maximum payment to a widow and children of sixty percent (60%) of compensation. If there be no widow or if the widow dies or remarries before any child of such deceased member shall have attained the age of eighteen (18) years then each child under said age shall receive an annuity of ten percent (10%) of the member's compensation, to continue until each child attains age eighteen (18), subject to a limitation of fifty percent (50%) of compensation to all minor children. If there be no widow or children under age eighteen (18) then payment of annuity shall be made to the dependent father and dependent mother of the member, at the rate of twenty-five percent (25%) of compensation to each, for life, provided, that if none of the aforementioned beneficiaries is living at the death of the member, no duty-connected death annuity shall be paid under the provision hereof.

(B) Adopted children shall be eligible for benefits hereunder provided the proceedings for adoption shall have been initiated at least one year prior to the date of death of the member.



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APPLICATION FOR DUTY-CONNECTED DEATH ANNUITY

CLAIMANT'S STATEMENTS

Membership No. _____

Note: The Employees Retirement System furnishes this form solely upon request, neither admitting the validity of the claim nor the liability of the System, nor waiving any right in the premises, and without indicating what action it may take upon this application before making out this statement, read instructions carefully.

I, _____, the undersigned, residing at _____
(Print Name) (Address)

do hereby make application for a semi-monthly annuity as provided under 3 VIC Section 701 creating a retirement system for employees of the Government of the Virgin Islands on account of the death of _____ which occurred on _____ as proximate result of _____
(Full name of deceased member) (Date of Death)
bodily injuries sustained or a hazard undergone while in the performance and within the scope of his duties in the position of _____
(Title of Position) (Name of Division)

1. Residence of deceased at death _____
2. a. Date and place of death _____
(Date) (Place)
- b. Cause of death _____
(If injury, describe fully.)

3. Was an inquest held? _____ Yes _____ No

4. Names and addresses of all physicians who attended deceased during his last illness and during five (5) years prior thereto:

<u>Name</u>	<u>Address</u>	<u>Date of Attendance</u>	<u>Disease or Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. a. Date and place of deceased's birth _____
(Date) (Place)
- b. Source from which date of birth obtained _____

APPLICATION FOR DUTY-CONNECTED DEATH ANNUITY

If widow of member, fill out this part of application:

I am the lawful widow of the said deceased, to whom I was married on _____ in _____
(Month), (Day) (Year) (City) (County) (State)

I have been married continuously from said date up to and including the date of death, and I am now and have been continuously unmarried since such date of death.

1. I was born on _____ in _____ and am now _____ years of age
(Month), (Day) (Year) (City) (County) (State) (age)

2. I have the following named children under (18) years of age, their dates of birth and places of birth being as indicated below:

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If guardian of minor child or children of said deceased, fill out this part of the application:

1. I am the legally appointed guardian of the following named children under (18) years of age:

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. My appointment as guardian was made in the _____
(Name of Court)
Court of _____ on _____, 20____ (Attached is a certified copy of my appointment)

If dependent father or mother, fill out this part of application:

1. I am the _____ of the said deceased, and was entirely dependent for my support on the
(Father or Mother)
earning of the deceased.

2. I have been unemployed for _____ years, and have no independent income of any kind except _____
(State nature of income, source)

(Amount)

3. I was born on _____ in _____ my present age being _____ years.
(Month), (Day) (Year) (City) (County) (State)

Certification of Applicant:

I hereby warrant the truth of the answers to the foregoing questions which are correct to the best of my knowledge, information and belief.

Dated _____, 20____.

(Signature of Applicant)

(Address of Applicant)

Territory of the U.S. Virgin Islands }
}

District of _____ } ss:
}

On this _____ day of _____, 20____, before me personally appeared _____ known to be the individual who named
is subscribed in the foregoing instrument and acknowledge that _____ executed the same as _____ free and voluntary act.

Notary Public

Commission Expires _____