

424 Route 8
 Maite, Guam 96910
 Tel: (671) 475-8900
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PART I: APPLICATION FOR SURVIVOR BENEFITS FOR STUDENTS EIGHTEEN (18) YEARS OF AGE OR OLDER BUT UNDER TWENTY FOUR (24) YEARS OF AGE IN ACCORDANCE WITH 4GCA §8134(a)(2)(B)

§ 8134. Survivor Annuities and Death Benefits. *(Relevant sections cited below.)*

Upon the death of a member who has completed *at least* three (3) years of total service, or upon the death of a member in the line of duty, survivor annuities and death benefits *shall* be payable to eligible survivors described in Subsection (a) for the applicable term set forth in Subsection (b).

(a) Eligible Survivors. The following persons *shall* be eligible to receive the following survivor benefits or death benefits as set forth in this Article. Eligibility *shall* be determined as of the date of death of a member, whether in service, in the line of duty, or in retirement.

(2) Surviving Child Annuity. A member's unmarried child, by blood or adoption, who is:

(B) eighteen (18) years of age or older, but under twenty four (24) years of age, and a full-time student in high school, or an accredited undergraduate educational institution;

(b) Term of Survivor Benefits.

(2) A surviving child annuity *shall* be payable to each eligible surviving child as of the death of the member, subject to the aggregate basic surviving child annuities for five (5) or more children under § 8135. A surviving child annuity *shall* terminate upon a child's death, marriage, attainment of age eighteen (18) years (*unless* the child is disabled, or attends high school or an undergraduate educational institution full-time), attainment of age twenty-five (25) years (*unless* the child is disabled), or if a previously disabled child is no longer disabled.

TO BE COMPLETED BY STUDENT

STUDENT'S NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
MAILING ADDRESS	EMAIL ADDRESS	CONTACT NUMBERS	

I, _____ (name), of lawful age, for the purpose of receiving survivor benefits in accordance with 4GCA §8134(a)(2)(B), hereby certify the following:

1. I am an unmarried child, by blood or adoption, of _____ (name of retiree), and a full-time student in high school or an accredited undergraduate educational institution. As such, I am entitled to survivor benefits in accordance with 4GCA §8134(a)(2)(B).
2. I understand that the occurrence of any event listed below, prior to my attainment of age 25, will terminate my benefit eligibility, as such, I agree to immediately inform the Government of Guam Retirement Fund if/when I:
 - a. Marry; or
 - b. Stop attending school; or
 - c. Reduce my school attendance below full-time status; or
 - d. Change schools. I will submit an updated *Certification of School Attendance*, accordingly.
3. I further agree to return all overpayments of benefits, including payments made in error after I submit notification of any event that will terminate my benefit eligibility.

§8169. Penalties. Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the Government of Guam, and the system shall have the right to recover any payments made under false representations.

<p>Under the laws of perjury, I hereby certify that the information I have provided is true and correct.</p> <p>_____ Student's Signature & Date</p>	<p>Witnessed By Retirement Fund Representative or Notary Public:</p> <p>_____ Signature & Date</p>
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PART II: CERTIFICATION OF SCHOOL ATTENDANCE

A. IMPORTANT NOTE TO STUDENT

For the continuation of benefits, verification of eligibility is required **twice** a year. Accordingly, a *Certification of School Attendance* (the "Certification") must be submitted for the:

1. Spring Semester, to be eligible to receive benefits from January to August; and
2. Fall Semester, to receive benefits from September to December.

The Certification must be completed and signed by the appropriate school official **after the add/drop period** and submitted to the Retirement Fund within 30-days after the start of the semester/session.

The subsequent Certification must indicate the number of credits completed in the prior semester. Non-attendance in the Spring or Fall Semester, or failure to submit the Certification within the 30-day deadline, constitutes forfeiture of benefits for the respective period above.

B. TO BE COMPLETED BY STUDENT

NAME OF STUDENT	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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I authorize the educational institution below, to disclose to the Government of Guam Retirement Fund, all information relative to my status as a student as it pertains to past, current, or future Retirement Fund benefits.

 Signature of Student

 Date

C. TO BE COMPLETED BY SCHOOL OFFICIAL

NAME OF EDUCATIONAL INSTITUTION		TELEPHONE NUMBER	
ADDRESS		FAX NUMBER	
IS THE SCHOOL AN ACCREDITED INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEMESTER / SESSION <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER	
TYPE OF EDUCATIONAL INSTITUTION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> OTHER: _____		START DATE OF SEMESTER (MM/DD/YY)	END DATE OF SEMESTER (MM/DD/YY)
WHAT IS THE MINIMUM REQUIREMENT FOR FULL-TIME STATUS?		WHEN IS THE LAST DAY OF THE ADD/DROP PERIOD?	
NUMBER OF CREDITS/HOURS STUDENT IS CARRYING	STUDENT'S STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STUDENT'S CLASS LEVEL <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	
NUMBER OF CREDITS/HOURS STUDENT CARRIED IN THE PRIOR SEMESTER, IF APPLICABLE		EXPECTED GRADUATION DATE _____	
SIGNATURE OF SCHOOL OFFICIAL			
PRINT NAME AND TITLE			
DATE			
EMAIL ADDRESS			