

Option B - 50% or 100% Survivor

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Option B - 50% or 100% Survivor. This option provides for continued payments after your death to the contingent annuitant you choose which may be your spouse. The option provides a reduced monthly benefit to you for life. After your death, a percentage of that benefit, either 50% or 100%, whichever you choose, will continue for the lifetime of your annuitant. After retirement, if your annuitant dies before you, you will continue to receive your reduced retirement allowance for the remainder of your lifetime with no income payments continuing after your death. After retirement, you cannot name another contingent annuitant to receive the benefits or change the percentage of reduced income. **Your benefit payment option cannot be changed after retirement for any reason.** If you have been married for at least one year prior to the commencement of your retirement benefits, a Spouse Waiver of Survivor Benefits (Form CO-1205) is required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse. There are no health or life insurance benefits connected to or with a MERS retirement benefit.

Social Security Reduction If your employer is covered by Social Security, your retirement benefit is reduced when you are eligible for social security (age 62) or earlier if you receive a Social Security disability benefit.

Print or type this form and give to your employer. Have your employer make and keep one copy and forward the original with your retirement application to: The MERS Unit, Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106. If you are married and the contingent annuitant is not your spouse, an executed CO-1205 must accompany this election form. Keep one copy of all documents for your records.

PART II - ELECTION OF OPTION B - DESIGNATION OF CONTINGENT ANNUITANT AND PERCENTAGE

MEMBER'S NAME (Last)	First Name	M.I.	RET. DATE	SOCIAL SECURITY NO.
MEMBER'S ADDRESS (Street No., Name, City, State, Zip Code)			MEMBER NUMBER	RELATIONSHIP TO ANNUITANT
ANNUITANT'S NAME (Last)	First Name	M.I.	ANNUITANT'S DATE OF BIRTH	ANNUITANT'S SOC. SEC. NUMBER
ANNUITANT'S ADDRESS (Street No., Name, City, State, Zip Code)				

Percentage of reduced income to be continued to annuitant: **Check one only** : 50% 100%

PART III - DESIGNATION OF BENEFICIARY TO RECEIVE REFUND IF APPLICABLE

Beneficiary designated to receive remaining contributions and interest (if any) after the deaths of member and annuitant.

NAME (Last)	First Name	M.I.	SOCIAL SECURITY NUMBER
ADDRESS (Street No., Name, City, State, Zip Code)			RELATIONSHIP

PART IV - AGREEMENT AND ACKNOWLEDGEMENT

I understand that my signature on this form means that I will retire with Option B in force and effect unless I make a contrary option election prior to retirement. I acknowledge that prior to signing this election, I had opportunity to ask questions and obtain additional information from MERS staff with regard to the effect of such an election on my monthly pension payment. I understand that I must inform MERS if I receive a social security disability award prior to the age of 62. **I further understand that no change in this income payment election can be made after my retirement for any reason, that is, I can never change this payment election and choose another payment option.**

SIGNATURE OF APPLICANT	DATE	TELEPHONE NUMBER
SIGNATURE OF WITNESS	DATE	TELEPHONE NUMBER
PRINTED NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) OF WITNESS		