

Option A - 50% Spouse

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Option A - 50% Spouse. This option first provides a reduced monthly benefit to you for life - then 50% of that benefit will continue after your death for the lifetime of your current spouse. 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) will be required if you do not elect an option that provides lifetime benefits for that spouse in the event of your death. If you retire and have not designated in writing the benefit payment option you would prefer or have not obtained the consent of your spouse, your benefit will be paid according to your marital status when you apply for retirement benefits. There are no health or life insurance benefits connected to or with a MERS retirement.

Your benefit payment option cannot be changed after retirement for any reason. If your current spouse dies, or you divorce, you will continue to receive the reduced retirement allowance. If you divorce your current spouse, s/he will still receive the benefit payable after your death. In the event you remarry after the death or divorce of your current spouse, Option A is not transferable to your new spouse and you would continue to receive the reduced retirement allowance.

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 keep one copy and forward the original with your retirement application to the MERS Unit, Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106. A copy of your spouse's birth certificate and your marriage license must accompany this form. Keep one copy of all documents for your records.

PART II - ELECTION OF OPTION A - DESIGNATION OF SPOUSE

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	DATE OF MARRIAGE
SPOUSE'S NAME (Last, First, M.I.)		SPOUSE'S DATE OF BIRTH		SPOUSE'S SOC. SEC. NUMBER

PART III - DESIGNATION OF BENEFICIARY TO RECEIVE REFUND IF APPLICABLE

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

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 A 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