

**Option D - STRAIGHT LIFE ANNUITY**

**PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY**

*Option D - Straight Life Annuity.* This option provides you with the highest monthly benefit for your lifetime. **However, all payments stop at your death.** This means that if you are married, no pension benefit will be paid to your spouse after your death. Please think carefully about choosing this option if you are married.

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 provide a lifetime guarantee (50% or 100% option) for that spouse. Thus, if you are married for at least one year prior to retirement, you cannot elect Option D unless your spouse executes Form CO-1205. There are no health or life insurance benefits connected to 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. You have a duty to notify MERS if you receive a Social Security Award prior to the age of 62.

**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: MERS Unit, Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106. If you are married, an executed CO-1205 must accompany this election form. If you are single or have been married less than one year, an executed CO-1206 (Certification of Marital Status) must accompany this form. Keep one copy of all documents for your records.

**PART II - ELECTION OF OPTION D - STRAIGHT LIFE ANNUITY**

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

**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.**

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 D 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		