Introduction Application for Member Survivor Allowance

Pursuant to Massachusetts General Laws, Chapter 32, Section 12A

Form Last Revised: February, 2020

The Application for Member Survivor Allowance Persuant to Massachusetts General Laws, Chapter 32, Section 12A permits a survivor to apply for an allowance while awaiting a determination of his or her eligibility for survivor benefits under Massachusetts General Laws, Chapter 32, Section 9 or Section 100.

- This form must be filed with the retirement board.
- Copies of birth certificates for any eligible children must be filed with this application.
- A copy of your marriage certificate, (if applicable) also must be filed with this application.

Application for Member Survivor Allowance Pursuant to Massachusetts General Laws, Chapter 32, Section 12A

Form Last Revised: July, 2019

Retirement Board: Please enter yo	our retirement board	information here			
Name of Retirement Boar	d:				
Addres	ss:				
City/Tow	n:		Zip Code:		
Telephon	e:		Fax:		
1 (Drint Name)			ad tha adicilata	abilduan /if any) of the deceased
I, (Print Name) member,		benair of myseir a by apply for the N	_	•	y) of the deceased
Massachusetts General Laws, Chap				•	
provisions of Massachusetts Gene				Death benefit	3 dilder tile
p. 0	.aa, capte. c_,				
Deceased Member Information	tion:				
Deceased Member Information					
			***_**_		
Last Name	First Name	M.I.	Social Securi	ty # (last four)	Date of Death
1. Was the above named me	mber a Veteran? YES	NO			
If YES , a copy of the milita					
Applicant Information: This	form must be compl	eted by the indivi	dual seeking k	penefits.	
Consuma / Amplicant Name					
Spouse/Applicant Name:					
Social Security #:			Pho	ne:	
Social Security #: Street Address:			Pho	ne:	
Street Address:			Pho		
				Zip Code:	
Street Address:					
Street Address: City/Town:		You must submit a	State:	Zip Code:	th this form.
Street Address: City/Town: Email:			State: copy of your bi	Zip Code:	
Street Address: City/Town: Email: Date of birth: Date of marriage:		Please enter the da You must submit a	State: copy of your bi te you were ma copy of your m	Zip Code: rth certificate wing the december of the december o	eased member.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I		Please enter the da You must submit a on the date of his/l	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate winder to the decearriage certificate NO	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat	ement providing the de	Please enter the da You must submit a on the date of his/letails about why yo	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate with arried to the decearriage certificate NO part. You must es	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I	ement providing the de	Please enter the da You must submit a on the date of his/letails about why yo	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate with arried to the decearriage certificate NO part. You must es	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for	ement providing the do or a justifiable cause otl	Please enter the da You must submit a on the date of his/letails about why yo	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate with arried to the decearriage certificate NO part. You must es	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat	ement providing the do or a justifiable cause otl	Please enter the da You must submit a on the date of his/letails about why yo	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate with arried to the decearriage certificate NO part. You must es	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information 2. Does the late member have	ement providing the door a justifiable cause other a justifiable cause other are the control of	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES	Zip Code: rth certificate with certificate to the decearriage certificate. NO part. You must estroitude.	eased member. e with this form.
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information Street Info	ement providing the dor a justifiable cause other a justifiable cause other are any children who are formation below and p	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES u were living ap tion or moral tu	Zip Code: rth certificate with certificate with the decension of the dece	eased member. The with this form. Tablish the fact
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information 2. Does the late member have	ement providing the dor a justifiable cause other a justifiable cause other are any children who are formation below and p	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES u were living ap tion or moral tu	Zip Code: rth certificate with certificate to the decearriage certificate. NO part. You must estroitude.	eased member. The with this form. Tablish the fact
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information Street Info	ement providing the dor a justifiable cause other a justifiable cause other are any children who are formation below and p	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES u were living ap tion or moral tu	Zip Code: rth certificate with certificate with the decension of the dece	eased member. The with this form. Tablish the fact
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information Street Info	ement providing the dor a justifiable cause other a justifiable cause other are any children who are formation below and p	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES u were living ap tion or moral tu	Zip Code: rth certificate with certificate with the decension of the dece	eased member. The with this form. Tablish the fact
Street Address: City/Town: Email: Date of birth: Date of marriage: 2. Were you married to and I If NO, please attach a stat that any separation was for Additional Beneficiary Information Street Info	ement providing the dor a justifiable cause other a justifiable cause other are any children who are formation below and p	Please enter the da You must submit a on the date of his/letails about why yo her than your deser	State: copy of your bi te you were ma copy of your m ner death? YES u were living ap tion or moral tu	Zip Code: rth certificate with certificate with the decension of the dece	eased member. The with this form. Tablish the fact

	mber Last Name:	First Name:		SSN: ***-**				
lditic	onal Beneficiary Information (Co	ontinued):						
	Does the late member have any children who are over age eighteen and under age twenty-two who are full-time students? YES NO							
	If YES , please complete information beloproof of student status.	ow and provide a copy of each chil	d's birth certifi	cate and				
	Name	Date of Birth	Soci	al Security #				
	Does the late member have any children who were over eighteen and mentally or physically incapacitated from earning on the date of the member's death? YES NO If YES , please please complete information below and provide a copy of each child's birth certificate and proof of their incapacity.							
	Name	Date of Birth	Social Security #					
omple enefit	his application under the penalties of per ete and accurately presented. I understan s I may have received as well as civil and	nd that giving false or incomplete i						
comple penefit	ete and accurately presented. I understands I may have received as well as civil and cant's Signature:	nd that giving false or incomplete i						
comple penefit	ete and accurately presented. I understands I may have received as well as civil and	nd that giving false or incomplete i		ay subject me to the los				
omple penefit	ete and accurately presented. I understants I may have received as well as civil and cant's Signature: Name (Print):	nd that giving false or incomplete i	nformation ma	ay subject me to the los				
omple penefit Appli	ete and accurately presented. I understants I may have received as well as civil and cant's Signature: Name (Print):	nd that giving false or incomplete i criminal penalties.	nformation ma	ay subject me to the los				
comple penefit Appli	ete and accurately presented. I understants I may have received as well as civil and cant's Signature: Name (Print): Signature:	nd that giving false or incomplete i criminal penalties.	nformation ma	ay subject me to the los				
omple enefit Appli	ete and accurately presented. I understants I may have received as well as civil and cant's Signature: Name (Print): Signature: Completed By Witness (should be	nd that giving false or incomplete i criminal penalties.	nformation ma	ay subject me to the los				