IntroductionSpousal Affidavit for Member Survivor Allowance

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

The Spousal Affidavit for Member Survivor Allowance provides important information to allow a retirement board to determine a spouse's eligibility for and amount of survivor benefits under Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

- This form must be filed with the member's retirement board.
- Copies of birth certificates for any eligible children must be filed with this application.
- The spouse must file a copy of his/her marriage certificate with this affidavit.

Spousal Affidavit for Member Survivor Allowance Pursuant to Massachussets General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

Retirement Board: Please enter your	retirement board informa	ition here.		
Name of Retirement Board:				
Address:				
City/Town:		Zip C	ode:	
Telephone:			Fax:	
Deceased Member Information	on:			
		***_*	¢	
Last Name	First Name	M.I. Social	Security # (last for	ur) Date of Death
Was the above named members of YES, a copy of the military in the militar				
Applicant Information: This for	m must be completed by	the individual se	eking benefits.	
Spouse/Applicant Name:				
Social Security #:			Phone:	
Street Address:				
City/Town:		Sta	te: Zip Co	ode:
Email:				
Date Of Birth:	You mus	t submit a copy of	your birth certificat	e with this form.
Date Of Marriage:			vere married to the your marriage certi	deceased member. ficate with this form.
2. Were you married to and livi	ng with your spouse on the d	ate of his/her deat	h? YES NO	
	ent providing the details abo a justifiable cause other than			st establish the fact
Additional Beneficiary Inform	ation:			
3. Does the late member have a				
ii 1E5 , piease complete infor	mation below and provide a	copy or each child	s pirtii certificate.	
Name	Da	te of Birth	Social S	ecurity #

Spousal Affidavit for Member Survivor Allowance

dditional Beneficiary Information (Continued): 4. 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 below and provide a copy of each child's birth certificate and proof of student status. Name Date of Birth Social Security # 5. 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 # Social Security #	. od 84	ombor Last Name	First Name:		SSN: ***-**-				
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