



Introduction

Notice of Election of Benefits (Option D)

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

Form Last Revised: February, 2020

This form permits an eligible spouse to elect to receive a benefit pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d) (Option D). An eligible spouse is one who:

- Is married to a member with at least two years of creditable service
- Has been married to the member for at least one year
- If living apart from the member, it was for a justifiable cause

If the spouse is eligible, he or she may elect this benefit, and any other person named as an Option D beneficiary by the member will no longer be eligible for a benefit.

If a member dies without an eligible spouse, but with a nominated Option D beneficiary, that beneficiary will receive the Option D benefit.

If an eligible spouse does not elect this benefit, and there is also no nominated Option D beneficiary, then the member's accumulated deductions will be disbursed in accordance with Massachusetts General Laws, Chapter 32, Section 11(2)(c) to the beneficiary or beneficiaries listed on the *Beneficiary Selection Form for Refund of Accumulated Deductions*.

Notice of Election of Benefits (Option D)

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

Form Last Revised: July, 2019

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Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:

Address:

City/Town:

Zip Code:

Telephone:

Fax:

At a meeting of the _____ Retirement Board held on _____ it was voted to grant member survivor benefits to _____, who elected benefits under Massachusetts General Laws, Chapter 32, Section 12(2)(d) and who was the spouse of _____, who died on _____.

In support of the granting of such survivor benefits, the board finds that the following conditions are met:

1. The late member was a member-in-service on _____, the date of his/her death.
2. The late member had _____ years and _____ months of creditable service on the date of his/her death.
3. The late member and spouse were married for _____ years and living together on the date of his/her death or living apart for justifiable cause. If living apart, please enclose the board's findings of fact.

Signature of Board Chair or Administrator:

Print Name:

Signature:

Date: