

Option B - 50% or 100% Survivor

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Option B - 50% or 100% Survivor. This option provides for continued payments after your death to the contingent annuitant you choose which may be your spouse. The option provides a reduced monthly benefit to you for life. After your death, a percentage of that benefit, either 50% or 100%, whichever you choose, will continue for the lifetime of the annuitant. If you select this option, the state sponsored health coverage and the payment of any reimbursement of the Medicare Part B normal premiums would be extended at the time of your death to your annuitant (if your annuitant is your spouse) for as long as the monthly benefit continues. After retirement, if your annuitant dies before you, you will continue to receive your reduced retirement allowance for the remainder of your lifetime with no income payments continuing after your death. After retirement, you cannot name another contingent annuitant to receive the benefits or change the percentage of reduced income. **Your benefit payment option cannot be changed after retirement for any reason.** If you are married, a spouse waiver of survivor benefits (Form CO-1047) will be required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse. Regardless of your option choice or marital status, you must submit proof and/or attest to your marital status.

Print or type this form in duplicate (2 copies) and keep one copy for your records. Forward the original with your retirement application to the Retirement Services Division, 55 Elm Street, Hartford, CT 06106. If you are married and the contingent annuitant is not your spouse, a copy of an executed CO-1047 must accompany this election form.

PART II - ELECTION OF OPTION B - DESIGNATION OF CONTINGENT ANNUITANT AND PERCENTAGE

MEMBER'S NAME (Last)	First Name	M.I.	EMPLOYEE NO.	RETIREMENT DATE	SOCIAL SECURITY NO.
MEMBER'S ADDRESS (Street No., Name, City, State, Zip Code)					RELATIONSHIP TO ANNUITANT
SPOUSE'S NAME (Last)	First Name	M.I.	ANNUITANT'S DATE OF BIRTH	ANNUITANT'S SOC. SEC. NUMBER	
ANNUITANT'S ADDRESS (Street No., Name, City, State, Zip Code)					

Percentage of reduced income to be continued to annuitant: **Check one only:** 50% 100%

PART III - DESIGNATION OF BENEFICIARY TO RECEIVE REFUND IF APPLICABLE

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

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 B in force and effect unless I make a contrary option election prior to retirement. I acknowledge that prior to signing this Income Payment Election, I had opportunity to ask questions and obtain additional information from Retirement Services Division staff with regard to the effect of such an election on my retirement and retirement related benefits. **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		