

## 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.

Please read carefully. If you elect option D, at the time of your death not only do all pension payments stop, but health insurance for your spouse you were covering through the State also ends. Your spouse would be offered the choice of assuming the full (100%) cost of the group health insurance for a limited period only. Then all health insurance benefits available through the State would cease. Reimbursement for your spouse's Medicare Part B (normal premiums) will also end at your death. **Your benefit payment option cannot be changed after retirement for any reason.**

If you are married, a spouse waiver of survivor benefits (Form CO-1047P) will be required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse. Thus, if you are married, you cannot elect Option D unless your spouse executes Form CO-1047P. 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. A copy of an executed CO-1047P must accompany this election form.

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

|                      |            |      |              |                 |                     |
|----------------------|------------|------|--------------|-----------------|---------------------|
| 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)

### 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 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