



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

**APPLICATION FOR BENEFITS
PURSUANT TO M.G.L. c. 32, §101**

PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)

Section 101 of Chapter 32 provided a benefit to certain individuals who retired for accidental disability or ordinary disability at a time when they could not pick "Option C" and provide a lifetime benefit for their surviving spouse.

If the member's death is from a cause unrelated to the condition for which the member received accidental disability benefits, or if the member had been retired for ordinary disability prior to January 1, 1973, a surviving spouse may be entitled to receive an annual allowance.

I hereby make application for an annuity allowance under the provisions of M.G.L. c. 32, §101, as amended.

1. MEMBER INFORMATION

Name of Deceased:	MSRB Member ID (if known), or Last Four Digits of SSN:
Date of Retirement:	Date of Death:

2. SURVIVING SPOUSE INFORMATION

Name:	SSN:	
Current Mailing Address:		
City:	State:	Zip:
Telephone:		
Email Address:		

I certify that I am the surviving spouse of the above named member who retired under an Accidental Disability Retirement and who died of causes not related to the injury for which the member retired.*

THE ABOVE IS A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY.

X *Original Signature Required**

Signature

Date

***A computer generated or other non-original signature is not acceptable.**

3. REQUIRED DOCUMENTS - The items listed below must be included with this application.

- ☐ A copy of your birth certificate
- ☐ A copy of your marriage certificate
- ☐ A copy of your spouse's death certificate

*Need not have been married on the effective date of retirement, per Attorney General Opinion, 2/7/74.