



PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
10 CABOT ROAD, SUITE 300 | MEDFORD, MA 02155

Introduction

Spousal 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.

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Retirement Board: Please enter your retirement board information here.

Name of Retirement Board:

Address:

City/Town:

Zip Code:

Telephone:

Fax:

Deceased Member Information:

			***-**-	
Last Name	First Name	M.I.	Social Security # (last four)	Date of Death

1. Was the above named member a Veteran? YES ☐ NO ☐
If YES, a copy of the military Form DD-214 must be filed.

Applicant Information: This form must be completed by the individual seeking benefits.

Spouse/Applicant Name:

Social Security #:

Phone:

Street Address:

City/Town:

State:

Zip Code:

Email:

Date Of Birth:

You must submit a copy of your birth certificate with this form.

Date Of Marriage:

Please enter the date you were married to the deceased member.
You must submit a copy of your marriage certificate with this form.

2. Were you married to and living with your spouse on the date of his/her death? YES ☐ NO ☐

If NO, please attach a statement providing the details about why you were living apart. You must establish the fact that any separation was for a justifiable cause other than your desertion or moral turpitude.

Additional Beneficiary Information:

3. Does the late member have any children who are **under** age eighteen? YES ☐ NO ☐

If YES, please complete information below and provide a copy of each child's birth certificate.

Name	Date of Birth	Social Security #

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Deceased Member Last Name:

First Name:

SSN: ***-**-_____

Additional 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 #

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of benefits I may have received, as well as civil and criminal penalties.

Applicant's Signature:

Print Name:

Signature:

Date:

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town:

Signature:

State:

Zip Code:

Date: