



# Introduction

## Spousal Notice of Election of Benefits

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

Form Last Revised: December 2025

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The *Spousal Notice of Election of Benefits* under Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D") form allows an eligible spouse of a deceased member-in-service, who has not already been nominated as an Option D beneficiary by the member on a prescribed form filed with the Retirement Board, to select whether or not to receive a lifetime allowance with dependent benefits, if applicable. This form should only be completed by an eligible spouse who is electing to receive the Option D benefit, and must be completed within 90 days following the date that a notice regarding the right of election is mailed from the retirement board to the spouse.

If the member has officially nominated an Option D beneficiary on a prescribed form filed with the Retirement Board, that beneficiary must accept the benefit pursuant to G.L. c. 32, § 11(2)(c) and cannot waive the lifetime benefit. Eligible individuals who are already named the Option D beneficiary do not need to complete this form.

If an eligible spouse, not already named as an Option B beneficiary, chooses not to receive a lifetime benefit, and there is no nominated Option D beneficiary, the individual designated by the member on the Beneficiary Selection Form, who may or may not be the eligible spouse, will receive a lump-sum cash refund of the member's total accumulated deductions.

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**Retirement Board:** Please enter your retirement board information here.

**Name of Retirement Board:**

**Address:**

**City/Town:**

**Telephone:**

**Zip Code:**

**Fax:**

**Retirement Board**

**Date Received by Retirement Board**

The statements below set forth the conditions under which the specified payments and the continuance of such payments will be made on account of the membership of \_\_\_\_\_ of the \_\_\_\_\_ Retirement System.

Chapter 32 of the General Laws provides certain benefits to certain survivors of members of any retirement system under G.L. c. 32, § 12(2)(d) whose deaths occur prior to the date they are actually retired.

Your failure to act within a ninety day period or by \_\_\_\_\_ will preclude your election of the member survivor allowance set forth below under **CHOICE 1** and such failure will require the payment of a lump sum cash refund of the late member's account.

**Please check either CHOICE 1 or CHOICE 2**

## **CHOICE 1:**

To \_\_\_\_\_, spouse of the late member, a member-survivor allowance of \$ \_\_\_\_\_ monthly payable throughout your life.

In addition to the monthly member-survivor allowance payable to you, there will be paid for the benefit of the children of the late member, if any, **\$120** per month for the first child and **\$90** per month for each additional child who is:

- Under age eighteen **OR**
- Over age eighteen and physically or mentally incapacitated from earning on the member's date of death **OR**
- Over age eighteen and up to age twenty-two and a full-time student in an accredited educational institution.

Payments for a child who is not a full-time student will terminate upon his/her adoption, upon his/her reaching age eighteen, unless he/she is physically or mentally incapacitated from earning, upon his/her marriage, or upon his/her death, whichever first occurs. Payments for a child will be made to the child's guardian.

## **CHOICE 2**

Payment in **one lump sum** of a **cash refund** in the amount of \$ \_\_\_\_\_ to \_\_\_\_\_, beneficiary of record of the late member, with the condition that such payment constitutes a legal settlement of all claims on the account of the late member.<sup>1</sup>

<sup>1</sup> If choosing a lump sum cash refund of the accumulated total deductions, please refer to and complete PERAC's form entitled *Application for Withdrawal of Accumulated Total Deductions (Beneficiary)* to determine eligible rollover options as well as federal tax implications for direct payments.

Member Last Name:

First Name:

SSN:

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Payments for a child over eighteen who is a full-time student shall terminate upon his/her adoption, upon his/her reaching age twenty-two, upon his/her ceasing to be a full-time student, upon his/her marriage, or upon his/her death, whichever first occurs.

While there are eligible children as described above, there shall be paid to a legal guardian for the benefit of such child or children an amount of \$  per month, in addition to the amounts payable on account of any such child or children which may be available if the Option D beneficiary has died.

**I certify that I have read the statements about CHOICE 1 and CHOICE 2 and I hereby elect to receive the above selected choice under the conditions set forth thereunder.**

*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 my benefits as well as civil and criminal penalties.*

**Applicant's Signature:**

Name (Print):

Street Address:

City/Town:

State:

Zip Code:

Signature:

Date:

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

Name (Print):

Street Address:

City/Town:

State:

Zip Code:

Signature:

Date: