

Retirement Plan for CTA Employees

55 WEST Monroe Street - Suite 1950

Chicago, Illinois 60603

(312) 441-9694

Fax (312) 441-0454

WWW.ctaretirement.org

Retired Employee's Name

Beneficiary Verification

Your Name:

Please Print

Address:

Telephone: _____

Social Security Number: _____

What is your relationship to the retired employee?

What is your birth date? _____

***SURVIVING SPOUSE ONLY: If you were enrolled in the Healthcare Plan after July 1, 2009, and married to the retiree for at least one year prior to the date of your separation from employment with the CTA.**

Please check one box below:

Yes, I accept the Healthcare coverage

No, decline Healthcare coverage

****You "MUST" sign and return the healthcare application enclosed even if you choose not to carry coverage.**

Signature: _____

Date: _____

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This information is required to verify that you are the Designated Beneficiary. It is necessary for you to complete, sign and return this form.