

# ELECTION OF SURVIVOR OPTION A

(If you elect Survivor Option A, this form should accompany your Application for Retirement.)

## TO THE BOARD OF TRUSTEES:

I hereby request the survivorship option (check below) as provided for under Section 13, paragraph 13.2 of the Retirement Plan for Chicago Transit Authority Employees.

Name of Employee: \_\_\_\_\_ Scheduled Retirement Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Badge or Payroll No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
SPOUSE Name \_\_\_\_\_ If wife, Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**NOTE: Birth Certificate of Spouse and Marriage Certificate MUST Accompany this Application**

I Elect The Following Alternative Basis of Payment under Option A:

- OPTION I. ALL** Under this Alternative, Retiree will receive an actuarially reduced monthly benefit for life, and upon death of the retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life in the same amount as the Retiree had received prior to the death of the Retiree.
- OPTION II. TWO-THIRDS** Under this Alternative, Retiree will receive an actuarially reduced monthly pension for life (larger than would be yielded by Option I above), and upon death of the Retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life equal to two-thirds (2/3) of the monthly amount the Retiree had received prior to the death of the Retiree.
- OPTION III. ONE-HALF** Under this Alternative, the Retiree will receive an actuarially reduced monthly pension for life (larger than would be yielded by Options I and II above), and upon death of the Retiree, the spouse if living will receive a monthly benefit for the rest of HIS or HER life equal to one-half (1/2) of the monthly amount the Retiree had received prior to the death of the Retiree.

"I understand that under this optional form of payment, an actuarially equivalent REDUCED amount of payment will be payable during my lifetime and if my spouse is living at my death, the proportion of such reduced amount indicated in the Option I have selected (all, two-thirds, or one-half) will continue to be paid for the remaining lifetime of my spouse."

"I further understand that I may revoke this election at any time prior to my retirement and that this election will automatically be revoked if either I or my spouse die prior to my retirement. An optional form of benefit which I have elected and which election is still in force at my retirement will be irrevocable."

NOTARIZATION (Notarization needed only if application is submitted by mail.)

State of Illinois

County of \_\_\_\_\_

Signed (or subscribed or attested) before me on \_\_\_\_\_

(date) by \_\_\_\_\_

(name of person).

(seal)

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee's Signature

Original - Pension File  
Copy - Employee  
Copy - Personnel File