

Option B - 50% or 100% Survivor

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

Option B - 50% or 100% Survivor. This option provides for continued payments after your death to the contingent annuitant you choose which may be your spouse. The option provides a reduced monthly benefit to you for life. After your death, a percentage of that benefit, either 50% or 100%, whichever you choose, will continue for the lifetime of your annuitant. If you select this option, the state sponsored health coverage and the payment of any reimbursement of the Medicare Part B normal premiums would be extended at the time of your death to your annuitant (if your annuitant is your spouse or eligible dependent) for as long as the monthly benefit continues. After retirement, if your annuitant dies before you, you will continue to receive your reduced retirement allowance for the remainder of your lifetime with no income payments continuing after your death. After retirement, you cannot name another contingent annuitant to receive the benefits or change the percentage of reduced income. **Your benefit payment option cannot be changed after retirement for any reason.** If you have been married for at least one year prior to the commencement of your retirement benefits, a spouse waiver of survivor benefits (Form CO-1047) will be required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse. Regardless of your option choice or marital status, you must submit proof and/or attest to your marital status within one year prior to the date your retirement benefits are to commence.

Print or type this form in quadruplicate (4 copies) and give to your agency. Have your agency keep one copy and forward the original and one copy with your retirement application to the Retirement Services Division, 55 Elm Street, Hartford, CT 06106. A copy of an executed CO-1047 must accompany this election form. Keep one copy of all documents for your records.

PART II - ELECTION OF OPTION B - DESIGNATION OF CONTINGENT ANNUITANT AND PERCENTAGE

MEMBER'S NAME (Last, First, M.I.)	EMPLOYEE NO.	RETIRE DATE	SOCIAL SECURITY NO.	TIER
MEMBER'S ADDRESS (Street No., Name, City, State, Zip Code)			RELATIONSHIP TO ANNUITANT	
ANNUITANT'S NAME (Last, First, M.I.)	ANNUITANT'S DATE OF BIRTH		ANNUITANT'S SOC. SEC. NUMBER	
ANNUITANT'S ADDRESS (Street No., Name, City, State, Zip Code)				

Percentage of reduced income to be continued to annuitant: **Check one only : 50%** _____ **100%** _____

PART III - DESIGNATION OF BENEFICIARY TO RECEIVE REFUND IF APPLICABLE

Beneficiary designated to receive remaining contributions and interest (if any) after the deaths of member and annuitant.

NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
ADDRESS (Street No., Name, City, State, Zip Code)	RELATIONSHIP

PART IV - AGREEMENT AND ACKNOWLEDGEMENT

I understand that my signature on this form means that I will retire with Option B in force and effect unless I make a contrary option election prior to retirement. I acknowledge that prior to signing this Income Payment Election, I had opportunity to ask questions and obtain additional information from Retirement Services Division staff with regard to the effect of such an election on my retirement and retirement related benefits. **I further understand that no change in this income payment election can be made after my retirement for any reason, that is, I can never change this payment election and choose another payment option.**

SIGNATURE OF APPLICANT	DATE	TELEPHONE NUMBER
SIGNATURE OF WITNESS	DATE	TELEPHONE NUMBER
PRINTED NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE) OF WITNESS		