



TREASURER'S OFFICE  
PENSION ADMINISTRATION UNIT (PAU)  
250 CONSTITUTION PLAZA  
HARTFORD, CONNECTICUT 06103  
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## HARTFORD MUNICIPAL EMPLOYEES RETIREMENT FUND BENEFICIARY DESIGNATION FORM

According to the terms of the pension plan in which you are participating, death benefits may be available for your named beneficiaries should you predecease them. In order to receive a death benefit from the Municipal Employees Retirement Fund (MERF), your beneficiaries must file an application for benefits as soon after your death as possible. The first step in the process is a notification, either written or through a telephone call.

Information on the benefits available for your survivors will be provided along with any applicable application forms once a death is reported.

### Beneficiary Designation for Pension Survivor Benefits

**Surviving Spouse Benefits:** Complete this section only if you are married. Survivor benefits are available for eligible surviving spouses of all Police Officers, Firefighters and vested plan members. If you should die leaving a surviving spouse who is not the designated beneficiary, then the designation will be null and void.

<u>Spouse Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>

**Dependent Children Benefits:** Complete this section only if you are a Police Officer or Firefighter and have dependent children. Survivor benefits are available for the dependent surviving children of Police Officers and Firefighters.

<u>Child Name</u>	<u>Address (if different from yours)</u>	<u>Date of Birth</u>

**Print** Your Name \_\_\_\_\_ EE ID# \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Note: Your witness cannot be anyone whom you have designated as a beneficiary**

You are responsible for notifying the Pension Unit of any changes in your beneficiary designation.

Please use this space if you need more room for beneficiary designation.

# HARTFORD MUNICIPAL EMPLOYEES RETIREMENT FUND BENEFICIARY DESIGNATION FORM

## Beneficiary Designation for Pension Contributions

All plan members, regardless of marital status, should complete this section.

- If you die before you retire, and you do not have an eligible spouse or children according to the terms of the Plan, your named beneficiaries will receive the contributions in **your** account, plus interest, if applicable, upon filing an application for such contributions. In the event your named beneficiary is eligible for an immediate survivor benefit from the Plan, he or she will receive the survivor benefit in lieu of the contributions.
- If you die after you retire, and you do not have an eligible spouse or children according to the terms of the Plan, your named beneficiaries will receive **the balance of any of your contributions, plus applicable interest, in your account less any retirement allowance paid to you.**
- Any pension payments due at the time of your death will be paid to your designated beneficiary.

I hereby designate the following individual(s) as beneficiary(ies) of my pension contributions, less any retirement allowance paid to me, in the event of my death:

**Primary Beneficiary:**

Name	Address	Telephone Number
Social Security Number	Date of Birth	Percentage

Name	Address	Telephone Number
Social Security Number	Date of Birth	Percentage

**Contingent Beneficiary:** The contingent beneficiary(ies) will receive your contributions in the event the Primary Beneficiary(ies) predecease you.

Name	Address	Telephone
Social Security Number	Date of Birth	Percentage

Name	Address	Telephone
Social Security Number	Date of Birth	Percentage

**Print** Your Name \_\_\_\_\_ EE ID# \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Note: your witness cannot be anyone whom you have designated as a beneficiary**

You are responsible for notifying the Pension Unit of any changes in your beneficiary designation.

Please use this space if you need more room for beneficiary designation.