Introduction Application for Member Survivor Allowance

Pursuant to Massachusetts General Laws, Chapter 32, Section 12A

Form Last Revised: February, 2020

The Application for Member Survivor Allowance Persuant to Massachusetts General Laws, Chapter 32, Section 12A permits a survivor to apply for an allowance while awaiting a determination of his or her eligibility for survivor benefits under Massachusetts General Laws, Chapter 32, Section 9 or Section 100.

- This form must be filed with the retirement board.
- Copies of birth certificates for any eligible children must be filed with this application.
- A copy of your marriage certificate, (if applicable) also must be filed with this application.

Application for Member Survivor Allowance Pursuant to Massachusetts General Laws, Chapter 32, Section 12A

Form Last Revised: July, 2019

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Name of Retirement Board	d:				
Addres	s:				
City/Tow	n:		Zip Code:		
Telephon	e:		Fax:		
1 (Drint Names)		المام الم	مانسناه مماخات مسا	la abilduan (if any) of the decord
I, (Print Name) member,		•	_	vivor Allowance p) of the deceased
Massachusetts General Laws, Chap					
provisions of Massachusetts Gener				tai Death Benefit	s ander the
p. 0	a. 20113, c.1.aptc. 32,	, 5005 5 0 500			
Deceased Member Informat	ion:				
Deceased Member Informati					
			***_**		
Last Name	First Name	M.I.	Social Secu	urity # (last four)	Date of Death
Was the above named men	mber a Veteran? YES	NO			
If YES , a copy of the militar					
Applicant Information: This f	form must be comp	eted by the indiv	idual seeking	g benefits.	
Sparse / Applicant Name					
Spouse/Applicant Name:					
			Di	20001	
Social Security #:			• • • • • • • • • • • • • • • • • • • •	none:	
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Street Address:			State:		
				Zip Code:	
Street Address:					
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ed Me	ember Last Name:	First Name:		SSN: ***-**
lditi	onal Beneficiary Information (Co	ontinued):		
4.	Does the late member have any children full-time students? YES NO		nder age twen	ty-two who are
	If YES , please complete information beloproof of student status.	ow and provide a copy of each child	d's birth certific	ate and
	Name	Date of Birth	Socia	al Security #
5.	Does the late member have any children		ntally or physica	ally incapacitated fron
	earning on the date of the member's deal If YES , please please complete information their incapacity.		n child's birth ce	rtificate and proof of
	Name	Date of Birth	Date of Birth Socia	
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