



**PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION**  
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

# **Introduction**

## **Spousal Affidavit for Member Survivor Allowance**

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

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The *Spousal Affidavit for Member Survivor Allowance* provides important information to allow a retirement board to determine a spouse's eligibility for and amount of survivor benefits under Massachusetts General Laws, Chapter 32, Section 12(2)(d) ("Option D").

- This form must be filed with the member's retirement board.
- Copies of birth certificates for any eligible children must be filed with this application.
- The spouse must file a copy of his/her marriage certificate with this affidavit.

# Spousal Affidavit for Member Survivor Allowance

Pursuant to Massachusetts General Laws, Chapter 32, Section 12(2)(d)

Form Last Revised: February, 2020

**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>			
<b>Address:</b>			
<b>City/Town:</b>		<b>Zip Code:</b>	
<b>Telephone:</b>		<b>Fax:</b>	

## Deceased Member Information:

			***_**_	
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Social Security # (last four)</b>	<b>Date of Death</b>

1. Was the above named member a Veteran? **YES**  **NO**   
If **YES**, a copy of the military Form DD-214 must be filed.

**Applicant Information:** This form must be completed by the individual seeking benefits.

<b>Spouse/Applicant Name:</b>			
<b>Social Security #:</b>		<b>Phone:</b>	
<b>Street Address:</b>			
<b>City/Town:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>			
<b>Date Of Birth:</b>		You must submit a copy of your birth certificate with this form.	
<b>Date Of Marriage:</b>		Please enter the date you were married to the deceased member. You must submit a copy of your marriage certificate with this form.	

2. Were you married to and living with your spouse on the date of his/her death? **YES**  **NO**   
If **NO**, please attach a statement providing the details about why you were living apart. You must establish the fact that any separation was for a justifiable cause other than your desertion or moral turpitude.

## Additional Beneficiary Information:

3. Does the late member have any children who are **under** age eighteen? **YES**  **NO**   
If **YES**, please complete information below and provide a copy of each child's birth certificate.

<b>Name</b>	<b>Date of Birth</b>	<b>Social Security #</b>

# Spousal Affidavit for Member Survivor Allowance

Deceased Member Last Name:  First Name:  SSN: \*\*\*-\*\*-\_\_\_\_

### Additional Beneficiary Information (Continued):

4. Does the late member have any children who are **over** age eighteen and **under** age twenty-two who are full-time students? YES  NO

If **YES**, please complete information below and provide a copy of each child's birth certificate and proof of student status.

Name	Date of Birth	Social Security #

5. Does the late member have any children who were **over** eighteen and mentally or physically incapacitated from earning on the date of the member's death? YES  NO

If **YES**, please please complete information below and provide a copy of each child's birth certificate and proof of their incapacity.

Name	Date of Birth	Social Security #

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of benefits I may have received, as well as civil and criminal penalties.

### Applicant's Signature:

Print Name:   
 Signature:  Date:

### To Be Completed By Witness (should be disinterested party):

Name (Print):   
 Street Address:   
 City/Town:  State:  Zip Code:   
 Signature:  Date: