



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

SURVIVORSHIP BENEFITS BEFORE RETIREMENT

If you die while in active service or while receiving a CTRB Disability Allowance, this system provides for benefits to your statutory survivors. A statutory survivor is defined as a spouse and/or a minor child under the age of 18. Connecticut statutes require that monthly survivorship benefits be paid to your statutory survivors before any balance of your account is paid to your designated beneficiary. If you have no statutory survivors, your account balances will be paid to your designated beneficiary in a lump sum payment.

Statutory Survivorship Benefits are as follows:

- \$300 monthly to each minor child under age 18.
- \$300 monthly to each disabled child.
- \$300 - \$600 monthly to surviving spouse (\$300 plus \$25 for each year of service over twelve to a maximum of \$600).

The maximum family survivorship benefit is \$1,500 monthly.

A one-time burial expense payment of up to \$2,000 maximum (dependent on length of service) will be paid to your surviving spouse. If there is no surviving spouse, such payment will be issued to the person who paid the funeral expenses.

If you die after meeting the age and service requirements for a retirement benefit, your spouse as your designated beneficiary may choose one of the following options in the settlement of the account:

- Monthly Survivorship Benefit (plus the one-time lump sum death payment).
- Monthly Plan D 100% Co-participant Benefit (this benefit is based on the retirement allowance you would have received at the time of your death, reduced by an option factor based on your age and your spouse's age for this option).
- Refund of your account balances in a lump sum.

If the designated beneficiary is anyone other than the spouse (i.e. Trust, Estate or any other person), we are required by law to issue monthly survivorship benefits to the survivor(s). The Plan D 100% Co-participant Benefit Option or Refund Option would not be available.

If you are an active teacher, you should review your CTRB Annual Member Statement to verify that your designated beneficiary election on our records is current.

Changes to your designated beneficiary election must be submitted directly to CTRB in writing on the proper form. Active teachers must file an **Active Teacher Beneficiary Form**. CTRB Disability Allowance recipients must file a **Beneficiary Election for Disability Allowance**. Please retain a copy of the completed form for your records and forward it by fax or regular mail directly to CTRB at the address above.



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SURVIVORSHIP BENEFITS - SETTLEMENT INFORMATION

Active member or CTRB Disability Allowance recipient dies PRIOR to meeting retirement eligibility requirements:

Spouse?	Primary Beneficiary	Minor Children?	Settlement of Account
Yes	Spouse	Yes	Surviving Spouse Benefit and Minor Child Benefit
Yes	Other	No	Surviving Spouse Benefit
Yes	Spouse	No	Surviving Spouse Benefit or Lump Sum Payment
No	Children	Yes	Minor Child Benefit
No	Children	No	Lump Sum Payment to Beneficiary
No	Other	No	Lump Sum Payment to Beneficiary
No	Other	Yes	Minor Child Benefit

Active member or CTRB Disability Allowance recipient dies AFTER meeting retirement eligibility requirements:

Spouse?	Primary Beneficiary	Minor Children?	Settlement of Account
Yes	Spouse	Yes	Surviving Spouse Benefit or Lump Sum Payment or Plan D 100% Co-participant Benefit plus Minor Child Payment
Yes	Other	No	Surviving Spouse Benefit
Yes	Spouse	No	Surviving Spouse Benefit or Lump Sum Payment or Plan D 100% Co-participant Benefit
No	Children	Yes	Minor Child Benefit
No	Children	No	Lump Sum Payment to Beneficiary
No	Other	No	Lump Sum Payment to Beneficiary
No	Other	Yes	Minor Child Benefit

Retirement Eligibility Requirements:

- 10 years of CT credited service at age 60 or over.
- 20 years of credited service at age 55 (minimum 15 in CT).
- 25 years of credited service any age (minimum 20 in CT).



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ACTIVE TEACHER BENEFICIARY FORM

Connecticut Statutes require that monthly survivor benefits be paid to your statutory survivors before any balance is paid to your designated beneficiary. This is true regardless of whom you designated as your beneficiary. Statutory survivors include a spouse and/or minor children under the age of 18. You should refer to our **Survivorship Benefits Before Retirement Bulletin** before completing this form. Contact this office if you need assistance.

- Type or print clearly in ink, initial any changes that you make, and do not use white out.
- You may name any living person, your estate, or a trust as your beneficiary.
- A trust designation must include the name and date of the trust agreement.
- At least one primary beneficiary must be named. If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally among the surviving primary beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be issued to your estate.
- "Per Stirpes" designation (unnamed or unborn beneficiaries) is not accepted.

MEMBER STATUS (CHECK ONE): NEW MEMBER ACTIVE MEMBER INACTIVE MEMBER

MEMBER NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	SOCIAL SECURITY NUMBER
STREET ADDRESS	LOCAL SCHOOL DISTRICT
CITY, STATE, ZIP	INACTIVE MEMBERS (ONLY): NEW ADDRESS <input type="checkbox"/> NAME CHANGE <input type="checkbox"/>
NEW MEMBERS AND ACTIVE MEMBERS: All demographic changes/corrections (name, address, date of birth or social security number) must be submitted directly to your <u>employer</u> . The Local School District will then transmit the updated information electronically via their next monthly transmittal to CTRB.	

I, the undersigned, hereby direct the Connecticut Teachers' Retirement Board, in the event of my death prior to retirement, to pay the death benefit allowable on my account to the beneficiary or beneficiaries named below in accordance with Section 10-183h of the Connecticut General Statutes.

BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT
BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT

SIGNATURE OF MEMBER	DATE	WITNESS (OTHER THAN BENEFICIARY)	DATE
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Please retain a copy of this form for your records and forward it by fax or regular mail directly to CTRB at the address above.