

Introduction

Affidavit to be Filed with the Retirement Board by Spouse Seeking Member Survivor Benefits

Form Last Revised: October, 2001

The *Affidavit To be Filed with the Retirement Board by Spouse Seeking Member Survivor Allowance* provides important information to allow a retirement board to determine a spouse's eligibility for and amount of survivor benefits.

- The spouse must file a copy of his/her marriage certificate with this affidavit.



Affidavit to be Filed with the Retirement Board by Spouse Seeking Member Survivor Benefits

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶	Saugus Contributory Retirement Board 25R Main St, Town Hall Annex Saugus, MA 01906 781-558-2903, 781-558-2892 or scrs@saugusretirement.org
---	---

To the Retirement Board:

Name of Deceased Member

In order that the board may properly determine a survivor's right to benefits, if any, that accrue from a deceased member's membership in a Massachusetts public retirement system under G.L. c. 32, §§ 1-28, the following information is respectfully submitted.

Please check "yes" or "no" when applicable.

1) 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.

2) Do you have any children who are **under** age eighteen? Yes No

If **yes**, please list their names, dates of birth, and include a copy of each child's birth certificate.

NAME	DATE OF BIRTH	SOCIAL SECURITY #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3) Do you have any children who are **over** eighteen and mentally or physically incapacitated from earning? Yes No

If **yes**, please list their names, dates of birth, and include a copy of each child's birth certificate and proof of their incapacity.

NAME	DATE OF BIRTH	SOCIAL SECURITY #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



		<input type="checkbox"/>	
Member's Last Name	First	M.I.	Social Security #

4) Do you have any children who are **over** age eighteen and **under** age twenty-two who are full time students? Yes No
 If **yes**, please list their names, dates of birth and include a copy of each child's birth certificates and proof of student status.

NAME	DATE OF BIRTH	SOCIAL SECURITY #

5) Was the above named member a Veteran? Yes No
 If **yes**, a copy of the military form DD214 must be filed.

6) What is the date of your marriage to the above named member?

7) What is your date of birth?

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

Signature of Spouse (Applicant) _____ Date _____

Print Name	Social Security #	Phone #
Street and Number	City/Town	State <input type="checkbox"/> Zip

CLEAR

