

Introduction

Application for Member Survivor Benefits Under G.L. c. 32, § 12A

Form Last Revised: October, 2001

The *Application for Member Survivor Benefits Under G.L. c. 32, § 12A* allows a survivor to apply for benefits while awaiting a determination of his or her eligibility for survivor benefits under G.L. c. 32, § 9 or § 100.

- Copies of birth certificates for any minor children must be filed with this application.



Application for Member Survivor Benefits Under G.L. c. 32, § 12A

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
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I, , on behalf of myself and the minor children of the deceased member, (name of member) do hereby apply for member survivor benefits under G.L. c. 32, § 12A pending approval of Accidental Death benefits under the provisions of G.L. c. 32, § 9 or § 100.

Address of Applicant

<input type="text"/>	<input type="text"/>
Street and Number	Social Security #
<input type="text"/>	<input type="text"/>
City/Town	State Zip Phone #
<input type="text"/>	<input type="text"/>
Name of Deceased Member	Applicant's Relationship to Member
<input type="text"/>	<input type="text"/>
	Member's Date of Death

Names and dates of birth of all minor children*

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"/>

Signature of Applicant _____ Date _____

***A birth certificate for each minor child must be filed with this application**

Board hearing on above application held on: (Date)

Board voted on (Date) to: Approve Deny

Signature of Chair/Administrator _____

Print Name