



Benefit Application Contributory

Complete *A areas*

Contract No.

GA-1820

Account No./Branch/Location

4

Employer Name

Town of East Hartford

SECTION 1

EMPLOYEE'S GENERAL INFORMATION

If you have a PO Box, U.S. Tax laws also require a street address to be indicated.

Name (First, Middle Initial, Last)

Social Security No.

MANDATORY - Resident Address (No. & Street)

PO Box (optional)

City/Town

State

Zip Code

Telephone No.
()

Marital Status

Married

Single

Birth Date (mm/dd/yyyy) (attach evidence of birth)

Sex

Male

Female

Termination Date (mm/dd/yyyy)

Retirement Date (Payment Start Date) (mm/dd/yyyy)

Do you reside outside the United States ?

Yes

No

If Yes, refer to Taxation of Benefits in the Benefit Guide.

SECTION 2

MEMBER CONTRIBUTIONS ELECTION

Please check an option below:

I previously withdrew my Member Contributions

I elect to withdraw my Member Contributions at this time (Complete Section 7)

I elect to leave my Member Contributions in the Plan

Is there a Qualified Domestic Relations Order in effect? Yes No

If Yes, please indicate if you are the Participant or the Alternate Payee.

Life

\$ _____

Modified Cash Refund - Member Contributions

\$ _____

Joint Annuity with _____ % continuation to the Joint Annuitant after Retiree's death

\$ _____

Joint and Survivor with _____ % continuation upon death of Retiree or Joint Annuitant

\$ _____

Certain & Continuous _____ years

\$ _____

Certain _____ years

\$ _____

Social Security Adjustment Option at either Age 62 or Age 65

Benefit at Retirement \$ _____

Reducing to \$ _____

On Date (mm/dd/yyyy) _____

Total Lump Sum Payment including Contributions with Interest (Complete Section 8)

\$ _____

Other DROP - 96% of benefit

\$ _____

BENEFIT ELECTION

NOTE:

Not all benefit elections may be available under your Plan.

SELECT ONLY ONE FORM OF BENEFIT.

SECTION 3	Date of Death of Employee (mm/dd/yyyy) (attach copy of Death Certificate)		
PRE-RETIREMENT DEATH BENEFIT Completed by Survivor in the event of the Employee's death before Retirement.	Form of Survivor's Death Benefit:		
	<input type="checkbox"/> Member Contributions	\$	_____
	<input type="checkbox"/> Lump Sum	\$	_____
	<input type="checkbox"/> Monthly Benefit	\$	_____
	Survivor's Name (First, Middle Initial, Last)		Social Security No.
	Survivor's Address (No. & Street)		
City/Town		State	Zip Code
Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____		Birth Date (mm/dd/yyyy) (attach evidence of birth)	
Date of Marriage (mm/dd/yyyy) (attach evidence of marriage)			

IF
Married

SECTION 4	Name (First, Middle Initial, Last)		Social Security No.
JOINT ANNUITANT DESIGNATION Complete if electing Joint Annuity or Joint and Survivor Options <u>only</u> .	Address (No. & Street)		
	City/Town		State Zip Code
	Relationship to Retiree	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)

SECTION 5	# 1 Primary Beneficiary Name (First, Middle Initial, Last)		Social Security No.
BENEFICIARY DESIGNATION Complete if benefit election is: • Modified Cash Refund • Certain & Continuous • Certain	Address (No. & Street, City/Town, State, Zip Code)		Percentage %
	Telephone No. ()	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Birth Date (mm/dd/yyyy)
	#2 Primary Beneficiary Name (First, Middle Initial, Last)		Social Security No.
	Address (No. & Street, City/Town, State, Zip Code)		Percentage %
	Telephone No. ()	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Birth Date (mm/dd/yyyy)
	#1 Secondary Beneficiary Name (First, Middle Initial, Last)		Social Security No.
	Address (No. & Street, City/Town, State, Zip Code)		Percentage %
	Telephone No. ()	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Birth Date (mm/dd/yyyy)
	#2 Secondary Beneficiary Name (First, Middle Initial, Last)		Social Security No.
	Address (No. & Street, City/Town, State, Zip Code)		Percentage %
Telephone No. ()	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Birth Date (mm/dd/yyyy)	

For Additional Beneficiary's, attach a listing with Name, Social Security Number, Address, Percentage, and Relationship.

SECTION 9

ELECTION AND CERTIFICATION

I elect the benefit and/or options indicated on this form in accordance with the terms of the Contract and the Retirement Plan under which I am covered. Further, I/we agree or consent to any and all waivers indicated on this form. I/we certify that all the information on this form is correct to the best of my/our knowledge.

I/we understand the Aetna contract or the current Aetna administrative policy designates a minimum amount, which may be paid in the form of a monthly annuity. If the monthly annuity, guaranteed by Aetna, falls under this amount Aetna may pay a single sum in lieu of small monthly annuity payments.

I/we understand that the form of annuity I/we have elected is irrevocable and cannot be changed for any reason after the first payment has been received and cashed or deposited by Electronic Fund Transfer.

I agree to the designation by my spouse of a beneficiary other than myself. I understand that, if I have not been named a beneficiary, I will not be entitled to any death benefit payable under the plan. If I am not the sole beneficiary, I will not be entitled to the entire death benefit payable under the plan.

REQUIRED >	<input checked="" type="checkbox"/> Employee's Signature	Date (mm/dd/yyyy)
REQUIRED >	Spouse/Survivor's Signature	Date (mm/dd/yyyy)
REQUIRED >	<input checked="" type="checkbox"/> As the Plan Representative, I certify that I have verified the information on this form to be correct.	
REQUIRED >	Plan Representative's Signature	Date (mm/dd/yyyy)
REQUIRED >	Notary Public's Signature (required only if not witnessed by Plan Representative)	
	Commission-Expiration-Date	Date (mm/dd/yyyy)

On this _____ day of _____, in the year _____, the above consent was signed and acknowledged in my presence.