



**CT TEACHERS' RETIREMENT BOARD**

165 CAPITOL AVENUE HARTFORD, CT 06106-1673

Toll-Free 1-800-504-1102 (959) 867-6333 Fax (860) 241-9295 [www.ct.gov/trb](http://www.ct.gov/trb)

**BENEFICIARY ELECTION FOR DISABILITY ALLOWANCE FORM**

Section 10-183(h) of the Connecticut General Statutes requires that monthly survivor benefits be paid to the statutory survivors of members who die while active before any balance is paid to your designated beneficiary. This is true regardless of whom you designated as your beneficiary. A statutory survivor includes but is not limited to a spouse and/or a minor child under the age of 18. Refer to our [Survivorship Benefits Before Retirement Bulletin](#) available under Active/Inactive Teacher Publications before completing this form. This form supersedes and replaces any previous beneficiary designations. All items pertaining to beneficiaries must be completed in order for the Connecticut Teachers' Retirement Board (CTRB) to process the form; incomplete forms will be returned.

- Include a complete list of all beneficiaries.
- Type or print clearly in ink and do not use white out.
- Do not submit an amended copy of a previous beneficiary form.
- You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- 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" designations (unnamed or unborn beneficiaries) are not accepted.
- All information must appear in the appropriate section of this form.
- To designate a trust as a beneficiary enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections of this form blank; and indicate Primary or Contingent.
- To designate your estate as a beneficiary enter the word "Estate" in the Beneficiary section of this form; leave the Relationship and Social Security sections of the form blank; and indicate Primary or Contingent.

MEMBER NAME (First Name, Middle Initial, Last Name)		SOCIAL SECURITY #	
STREET ADDRESS		E-MAIL ADDRESS	
CITY, STATE, ZIP		<b>CHECK IF:</b> NEW ADDRESS <input type="checkbox"/> NAME CHANGE <input type="checkbox"/>	
BENEFICIARY NAME AND ADDRESS	RELATIONSHIP	SOCIAL SECURITY #	CHECK ONE
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name: Address:			<input type="checkbox"/> primary <input type="checkbox"/> contingent
<b>Use additional Beneficiary Election for Disability Allowance forms to designate additional beneficiaries.</b>			
<input type="checkbox"/>	If you have a spouse who you have not designated as a beneficiary, you need to check this box to waive the statutory survivorship benefits for your spouse in order for your designated beneficiary to receive the funds in your account in the event of your death prior to your conversion to a normal retirement benefit.		
SIGNATURE OF MEMBER		DATE	

**CTRB does not acknowledge the receipt of individual forms. 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.**



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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 or Lump Sum Payment or Plan D 100% Co-participant 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).
- 35 years of credited service any age (minimum 25 in CT)