



**PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION**  
FIVE MIDDLESEX AVENUE, SUITE 304 | SOMERVILLE, MA 02145

# **Introduction**

## **Application for Member Survivor Allowance**

**Pursuant to Massachusetts General Laws, Chapter 32, Section 12A**

Form Last Revised: February, 2020

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The *Application for Member Survivor Allowance Pursuant to Massachusetts General Laws, Chapter 32, Section 12A* permits a survivor to apply for an allowance while awaiting a determination of his or her eligibility for survivor benefits under Massachusetts General Laws, Chapter 32, Section 9 or Section 100.

- This form must be filed with the retirement board.
- Copies of birth certificates for any eligible children must be filed with this application.
- A copy of your marriage certificate, (if applicable) also must be filed with this application.

# Application for Member Survivor Allowance

Pursuant to Massachusetts General Laws, Chapter 32, Section 12A

Form Last Revised: July, 2019

**Retirement Board:** Please enter your retirement board information here.

<b>Name of Retirement Board:</b>			
<b>Address:</b>			
<b>City/Town:</b>		<b>Zip Code:</b>	
<b>Telephone:</b>		<b>Fax:</b>	

I, (Print Name) \_\_\_\_\_, on behalf of myself and the eligible children (if any) of the deceased member, \_\_\_\_\_, do hereby apply for the Member Survivor Allowance pursuant to Massachusetts General Laws, Chapter 32, Section 12A, pending approval of Accidental Death benefits under the provisions of Massachusetts General Laws, Chapter 32, Section 9 or Section 100.

### Deceased Member Information:

			***_**_	
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Social Security # (last four)</b>	<b>Date of Death</b>

1. Was the above named member a Veteran? **YES**  **NO**   
If **YES**, a copy of the military Form DD-214 must be filed.

**Applicant Information:** This form must be completed by the individual seeking benefits.

<b>Spouse/Applicant Name:</b>			
<b>Social Security #:</b>		<b>Phone:</b>	
<b>Street Address:</b>			
<b>City/Town:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>			
<b>Date of birth:</b>		You must submit a copy of your birth certificate with this form.	
<b>Date of marriage:</b>		Please enter the date you were married to the deceased member. You must submit a copy of your marriage certificate with this form.	

2. 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.

### Additional Beneficiary Information:

3. Does the late member have any children who are **under** age eighteen? **YES**  **NO**   
If **YES**, please complete information below and provide a copy of each child's birth certificate.

<b>Name</b>	<b>Date of Birth</b>	<b>Social Security #</b>

Deceased Member Last Name:  First Name:  SSN: \*\*\*-\*\*-\_\_\_\_

**Additional Beneficiary Information (Continued):**

4. Does the late member have any children who are **over** age eighteen and **under** age twenty-two who are full-time students? YES  NO

If **YES**, please complete information below and provide a copy of each child's birth certificate and proof of student status.

Name	Date of Birth	Social Security #

5. Does the late member have any children who were **over** eighteen and mentally or physically incapacitated from earning on the date of the member's death? YES  NO

If **YES**, please please complete information below and provide a copy of each child's birth certificate and proof of their incapacity.

Name	Date of Birth	Social Security #

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

**Applicant's Signature:**

Name (Print):   
 Signature:  Date:

**To Be Completed By Witness** (should be disinterested party):

Name (Print):   
 Street Address:   
 City/Town:  State:  Zip Code:   
 Signature:  Date: