

RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES
PRE-SURVIVING SPOUSE BENEFIT ALLOWANCE APPLICATION

TO THE BOARD OF TRUSTEES:

I hereby make an application for the monthly Pre-Survivorship Allowance benefit pursuant to Section 13, Paragraph 13.2, of the Retirement Plan. I understand that I may be eligible for enrollment under the RHCT (Retirement Healthcare Trust) at my cost. I further understand that if I do not choose to enroll in the RHCT plan at this time, I will have one opportunity to enroll in the future if I meet all the eligibility requirements.

PARTICIPANT SPOUSE'S INFORMATION

First Name	Middle Name	Last Name	If applicable, Maiden Name		
Street Address		Apt. Number	City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email			
Pre-Surviving Spouse Number	Social Security Number	Date of Birth	Date of Marriage		

Check all supporting document attached with this application:

Original Death Certificate Copy of Marriage Certificate Copy of Spouse's Birth Certificate Photo ID

DECEASED PARTICIPANT'S INFORMATION

First Name	Middle Name	Last Name	Retirement/Badge Number
Social Security Number	Date of Birth	Date of Hire	Date of Retirement
Date of Death	Area Number	Work Location	Occupation

SIGNATURE

I hereby certify that the above information is correct.

Spouse's Signature	Date
--------------------	------

NOTARIZATION (Notarization REQUIRED)

State of _____

County of _____

Signed (or subscribed or attested) to before me on (date) _____ By _____

(seal) _____
Signature of Notary Public

APPROVAL BY THE BOARD OF TRUSTEES

Signature of Pension Representative	Date
Signature of Executive Director, Board of Trustees	Date