RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES

PRE-SURVIVING SPOUSE BENEFIT ALLOWANCE APPLICATION-WITH NOTARY

Date:		PER-SURV	PER-SURVIVING SPOUSE NO			
TO THE BOARD OF TRUST	EES:					
I hereby make application for Retirement Plan. I understan I further understand that if I of future if I meet all the eligibilit	d that I may be eligible for do not choose to enroll in	or enrollment und	er the RHCT (Re	tirement Healthcare Trust)	at my cost.	
(Please Print or Type) Spouse Information						
Name:	First	Middle		f Wife, Maiden Name		
Date of Birth:			urity Number:			
		Social Sec	unity Number	_		
Address:Street		City	State	Zip Code		
Date of Marriage: Home		e phone:		Cell:		
Original Death Certificate	Copy of Marria	ge Certificate	Copy of Spous	e's Birth Certificate 🗌 Phot	to ID	
Deceased Retiree Informati	ion					
Name:						
Las		First		Middle		
Date of Employment:	Date of R	etirement:	Re	etirement/Badge #:		
Date of Birth:	Date of Death:		Social Security I	Security Number:		
Area #: Work Location:			Occupation:			
I HEREBY CERTIFY THAT	THE ABOVE INFORMAT	TON IS CORREC	CT:	Signature of Applicant		
NOTARIZATION (Notarization	needed only if application	submitted by mail)				
State of Illinois						
County of						
Signed (or subscribed or atteste	ed) before me on					
Date by						
			Signature of	Notary Public		
I have reviewed the Pre-Survivir Surviving Spouse meets all eliq presented to the BOARD OF TR	gibility requirements of the		on, application, and	I all applicable forms. I certify		
			Signature of	Pension Representative		
This application was approved b	by the BOARD OF TRUSTEE	S on				
			Evocutive D	irector POARD OF TRUSTEES		

Executive Director, BOARD OF TRUSTEES (or designee)