



**165 Capitol Avenue**  
**Hartford CT 06106-1673**  
**1 (800) 504 1102**  
**Fax (860) 525 6018**

## ACTIVE/INACTIVE TEACHER BENEFICIARY 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](#) before completing this form (survivorship benefits are not available to survivors of inactive members). This form supersedes and replaces any previous beneficiary designations. All items pertaining to beneficiaries must be completed in order for the CTRB to process your request. Incomplete forms will be returned.

Include a complete list of all beneficiaries.

A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do. 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.

If you survive all of the beneficiaries named, payment would be issued to your estate.

\_\_\_\_\_ or \_\_\_\_\_ 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.

\_\_\_\_\_ this form; leave the Relationship and Social Security sections of the form blank; and indicate Primary or Contingent.

Review your CTRB Member Annual Statement to verify your designated beneficiary election on our records.

MEMBER FIRST NAME	MEMBER LAST NAME	M.I.	SOCIAL SECURITY #
ADDRESS			
CITY	STATE	ZIP	EMAIL
LOCAL SCHOOL DISTRICT			PHONE



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<b>MEMBER STATUS:</b>		New Member <input type="checkbox"/>	Active Member <input type="checkbox"/>	Inactive Member <input type="checkbox"/>
<b>NEW MEMBERS AND ACTIVE MEMBERS:</b> All demographic changes/corrections (name, address, date of birth, or social security number) must be submitted directly to your <i>employer</i> . Your employer will then transmit the updated information electronically via their next monthly transmittal to CTRB.				<b>INACTIVE MEMBERS (ONLY):</b> New Address: <input type="checkbox"/> Name Change: <input type="checkbox"/>
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %	
Full Name		Relationship to Member		Social Security #
Date of Birth		Address		
City		State	Zip	Phone
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %	
Full Name		Relationship to Member		Social Security #
Date of Birth		Address		
City		State	Zip	Phone
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %	
Full Name		Relationship to Member		Social Security #
Date of Birth		Address		
City		State	Zip	Phone
<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.			
<b>Member Signature</b>			Signature Date	



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## **SURVIVORSHIP BENEFITS BEFORE RETIREMENT**

If you die while in active service or while receiving a CTRB Disability Allowance, this system provides for benefits to your statutory survivors. A statutory survivor may be a spouse; child under the age of 18; dependent parent; legal guardian of the deceased ; or dependent former spouse. Connecticut statutes require that we pay monthly survivorship benefits to your statutory survivors before we pay any balance of your account to your designated beneficiary. If you have no statutory survivors, we will pay your account balances to your designated beneficiary in a lump sum.

Statutory Survivorship Benefits are as follows:

\$300 monthly to each minor child under age 18.

\$300 monthly to each disabled child.

\$300 - \$600 monthly to surviving spouse (\$300 plus \$25 for each year of service over twelve to a maximum of \$600).

The maximum family survivorship benefit is \$1,500 monthly.

We will pay a one-time burial expense payment of up to \$2,000 maximum (dependent on length of service) to your surviving spouse. If there is no surviving spouse, we will issue this payment to the person who paid the funeral expenses.

If you die after meeting the age and service requirements for a retirement benefit, your statutory survivor may choose one of the following options in the settlement of the account (unless you have signed a waiver of these benefits):

Monthly Survivorship Benefit (plus the one-time lump sum death payment).

Monthly Plan D 100% Co-participant Benefit (this benefit is based on the retirement allowance you would have received at the option).

Lump sum refund of your account balance.

If you would like your designated beneficiary to receive your account, you must waive the Co-participant option that is otherwise available to your statutory survivor. You may do so by checking the box at the bottom of the [Active/Inactive Teacher Beneficiary Form](#).

If you are an active teacher, you should review your CTRB Annual Member Statement to verify that your designated beneficiary election on our records is current.

Changes to your designated beneficiary election must be submitted directly to CTRB in writing on the proper form. Active or inactive teachers must file an [Active/Inactive Teacher Beneficiary Form](#). CTRB Disability Allowance recipients must file a [Beneficiary Election for Disability Allowance](#). Please retain a copy of the completed form for your records and forward it by fax directly to CTRB at the fax number 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).



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25 years of credited service any age (minimum 20 in CT).  
35 years of credited service any age (minimum 25 in CT)