



TOWN OF MADISON MADISON PUBLIC SCHOOLS

Katherine Christopher, Director of Human Resources



PENSION PLAN FOR EMPLOYEES OF THE TOWN OF MADISON, CT

BENEFICIARY DESIGNATION FORM

Before completing this form, you should read the Summary of the Pension Plan, which you can obtain from the Plan Administrator in the Human Resources office. The Summary explains the benefits that the Pension Plan provides to your beneficiary in the case of your death.

PRINT Name of Participant (Employee)

Social Security Number

I hereby elect to have my spouse receive the Pre-retirement Spouse Benefit provided by the Pension Plan. I understand that only by electing the Pre-retirement Spouse Benefit will my spouse receive a benefit from the Pension Plan. I further understand that by electing the Pre-retirement Spouse Benefit, any subsequent benefit I receive from the Pension Plan will be reduced by 10%.

Signature of Participant

Date

Please return this form to the Human Resources Office.