

**MEBA PENSION TRUST  
RETIREMENT SURVIVOR OPTION  
ELECTION/REJECTION FORM**

\*\*\*\*\*

I wish to provide a pension benefit to my spouse under the Survivor Option Program. I wish to select the following option:

- ( \_\_\_\_\_ ) 50% Regular Survivor Option
- ( \_\_\_\_\_ ) 50% Pop-Up Survivor Option\*
- ( \_\_\_\_\_ ) 75% Regular Survivor Option\*
- ( \_\_\_\_\_ ) 100% Regular Survivor Option\*
- ( \_\_\_\_\_ ) 100% Pop-Up Survivor Option\*

\* Must be on file with the Plan for two years in order to be effective. The two-year filing requirement will be waived if you submit a Statement of Health substantiating that you meet the Plans insurability provision (Section 2A.17(c) of the Plan Regulations).

Print your Name	Signature
Social Security Number	Date

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL THIS ELECTION TO:  
MEBA PENSION TRUST  
1007 EASTERN AVENUE  
BALTIMORE, MD 21202-4345**