MEBA PENSION TRUST
RETIREMENT SURVIVOR OPTION
ELECTION/REJECTION FORM

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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 6.03(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