

Benefit Payment Option 4 Calculation Request

This form is used to request an estimate of the Benefit Option 4 allowance as provided in CERL Section 31764. Benefit Payment Option 4 offers a member the ability to receive a reduced benefit in order to provide an ongoing benefit to a non-spouse beneficiary, multiple beneficiaries, or request a continuance percentage that is not available in another Benefit Payment Option choice. This option is often used to comply with the division of community property to pay life benefits to a former spouse.

Part I. Member Information

Member Name (First Name, Middle Initial, Last Name)

Birth Date (mm/dd/yyyy)

Social Security Number Last 4 Phone Number

Email Address

Part II. Option 4 Required Information

Complete the estimate using the following Retirement Date:

A separate form, and fee, is required for each calculation request.

Beneficiary Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)	Relationship ¹	Percentage of Continuing Benefit ^{1*}

¹ Use "Alternate Payee" for former spouses. The community property percentage is the Continuing Benefit percentage.

* If my retirement is subject to division of community property, the Continuing Benefit provided to the beneficiary/beneficiaries, other than the alternate payee, is limited to my community property share.

Part III. Member Acknowledgment

I understand that MCERA Board authorizes only one Benefit Payment Option 4 calculation at no cost to me. I am responsible for paying the \$ _____ fee for any subsequent calculations. **All fees are required in advance and are NON-REFUNDABLE.** I request MCERA provide a Benefit Payment Option 4 calculation as described above.

Print Member Name (First Name, Middle Initial, Last Name)

Member Signature

Date (mm/dd/yyyy)

Member Name:

Birth Date (mm/dd/yyyy):

Part IV. MCERA Staff Use Only

SECTION A: Fee and payment information

I have reviewed MCERA records for the above referenced member and attest that:

Check one:

This is the first Benefit Payment Option 4 calculation for this member and **no fee is due** from the member.

A prior Benefit Payment Option 4 calculation was performed for this member and the member is required to pay \$ _____, in advance, before the calculation request is submitted to the Actuary.

Payment information

Amount Received:	Check Number:	Date Received:
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Print MCERA Staff Name (First Name, Middle Initial, Last Name)

MCERA Staff Signature

Date (mm/dd/yyyy)