

DESIGNATION OF RETIREMENT SYSTEM-TIER-PLAN-BENEFICIARY

PLEASE PRINT OR TYPE

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT & BENEFIT SERVICES DIVISION

CO-931 REV 7/98 570-01

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS
 NEW EMPLOYEE RE-EMPLOYED AGENCY TRANSFER EMPLOYEE NAME AND OR ADDRESS CHANGE CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS CHANGE IN RETIREMENT SYSTEM INFORMATION ONLY

I. EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, M.I.) (1) XXX-XX-____ SOCIAL SECURITY NUMBER (2) EMPLOYEE NUMBER(3) DATE OF EMPLOYMENT (4) SEX (6) MALE FEMALE

EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code) (7) 181 White Street, Danbury, CT 06810 AGENCY ADDRESS (12) 181 White Street, Danbury, CT 06810

EMPLOYING AGENCY (11) Western Connecticut State University (11a) HY (11b) HY (11c) HY (11d) HY (11e) HY (11f) HY (11g) HY (11h) HY (11i) HY (11j) HY (11k) HY (11l) HY (11m) HY (11n) HY (11o) HY (11p) HY (11q) HY (11r) HY (11s) HY (11t) HY (11u) HY (11v) HY (11w) HY (11x) HY (11y) HY (11z) HY (11aa) HY (11ab) HY (11ac) HY (11ad) HY (11ae) HY (11af) HY (11ag) HY (11ah) HY (11ai) HY (11aj) HY (11ak) HY (11al) HY (11am) HY (11an) HY (11ao) HY (11ap) HY (11aq) HY (11ar) HY (11as) HY (11at) HY (11au) HY (11av) HY (11aw) HY (11ax) HY (11ay) HY (11az) HY (11ba) HY (11bb) HY (11bc) HY (11bd) HY (11be) HY (11bf) HY (11bg) HY (11bh) HY (11bi) HY (11bj) HY (11bk) HY (11bl) HY (11bm) HY (11bn) HY (11bo) HY (11bp) HY (11bq) HY (11br) HY (11bs) HY (11bt) HY (11bu) HY (11bv) HY (11bw) HY (11bx) HY (11by) HY (11bz) HY (11ca) HY (11cb) HY (11cc) HY (11cd) HY (11ce) HY (11cf) HY (11cg) HY (11ch) HY (11ci) HY (11cj) HY (11ck) HY (11cl) HY (11cm) HY (11cn) HY (11co) HY (11cp) HY (11cq) HY (11cr) HY (11cs) 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HY (11zv) HY (11zw) HY (11zx) HY (11zy) HY (11zz)

II. RETIREMENT INFORMATION

RETIREMENT SYSTEM(8) _____

STATE EMPLOYEES (a) ALTERNATE RETIREMENT (b) JUDGES, FAMILY SUPP. MAGISTRATES & COMP. COMM. (c) PROBATE COURT JUDGES & EMPLOYEES (d) PUBLIC DEFENDERS (e) STATES ATTORNEY (f) TEACHERS RETIREMENT SYSTEM (g) OTHER (specify) (h)

TIER (State Employees Only) (19) TIER I TIER II TIER II A TIER I RETIREMENT PLAN (20) PLAN B PLAN C RETIREMENT CODE (21) BARG. UNIT (22) COMP CLASS CODE (23) EMPLOYMENT STATUS (24) TYPE STATUS (25) TEMPORARY DURATIONAL CHECK BOX IF HAZARDOUS DUTY PLAN B PLAN C Retiree 21 7839 FULL TIME PART TIME PERMANENT INTERMITTENT

INSURANCE COMPANY / CARRIER (ALTERNATE RETIREMENT PROGRAM ONLY) (26a) _____ DEDUCTIONS TO START (26b) _____ IMMEDIATELY WITHIN 6 MONTHS DATE DEDUCTIONS TO START (26c) _____

III. BENEFICIARY INFORMATION

If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-931 form listing additional beneficiaries

NAME OF BENEFICIARY (Last, First, M.I.) (27)	SOCIAL SECURITY NUMBER (28)	NAME OF BENEFICIARY (Last, First, M.I.) (27)	Contingent <input type="checkbox"/>	SOCIAL SECURITY NUMBER (28)
ADDRESS (Street No., Name) (29)	RELATIONSHIP (30)	ADDRESS (Street No., Name) (29)		RELATIONSHIP (30)
(City, State, Zip Code) (31)	PERCENT (32)	DATE OF BIRTH (33)	(City, State, Zip Code) (31)	PERCENT (32)
NAME OF BENEFICIARY (Last, First, M.I.) (27)	Contingent <input type="checkbox"/>	SOCIAL SECURITY NUMBER (28)	NAME OF BENEFICIARY (Last, First, M.I.) (27)	Contingent <input type="checkbox"/>
ADDRESS (Street No., Name) (29)	RELATIONSHIP (30)	ADDRESS (Street No., Name) (29)		RELATIONSHIP (30)
(City, State, Zip Code) (31)	PERCENT (32)	DATE OF BIRTH (33)	(City, State, Zip Code) (31)	PERCENT (32)

IV. MEMBERS STATEMENT:

I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement & Benefit Services Division.

EMPLOYEE'S SIGNATURE (34) _____ DATE (35) _____ AUTHORIZED AGENCY SIGNATURE (& TITLE) (36) _____ PHONE (37) _____ DATE (38) _____

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