



**ELECTION OF OPTIONAL SETTLEMENT ALLOWANCE 2  
AND AUTHORIZATION TO FILE APPLICATION FOR  
NON-SERVICE CONNECTED DISABILITY RETIREMENT  
IN THE EVENT OF MEMBERS'S DEATH DURING ACTIVE SERVICE**

To The Board of Retirement:

**Election of Optional Settlement Allowance 2**

In accordance with the provisions of the County Employees Retirement Law of 1937 (CERL), and the by-laws and regulations governing the Contra Costa County Employees' Retirement Association (CCCERA), I hereby elect Optional Settlement Allowance 2, pursuant to CERL Section 31762 or successor section.

I understand that this election is binding on me unless I withdraw this election before the first payment of any retirement allowance is made to me, and that I may make another election of an optional settlement allowance at any time, or choose to receive the unmodified allowance, under CERL.

**Authorization to File Non-Service Connected Disability Retirement Application**

In accordance with the provisions of CERL, I hereby authorize CCCERA to file an application for a non-service connected disability retirement on my behalf in the event that I am permanently incapacitated by reason of injury or other disability leading to death while I am an active member of CCCERA. I understand that, if granted, this will entitle my survivors to receive a non-service connected disability retirement survivor continuance under Optional Settlement Allowance 2.

**Employee Name:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_ **and Social Security Number:** \_\_\_\_\_

**BENEFICIARY INFORMATION (Please print)**

_____	_____
Name	Date of Birth
_____	_____
Address	Social Security No.
_____	_____
City, State and Zip Code	Relationship to Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Consenting Spouse, if any

\_\_\_\_\_  
Signature of Adult Witness