

Spouse Waiver of Monthly Survivor Benefits

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

All single employees and all married employees who do not choose a payment option giving their spouse a lifetime benefit at the time of their retirement are required to fill out and execute this form. For purposes of this form, "spouse" also includes civil union partners. If the member is not married as of the date of the anticipated retirement (or married less than twelve months as of that date) the member must execute Part II of this form - if married for more than twelve months as of the anticipated date of retirement, then both the member and the spouse must execute Part III - Member Statement and Spousal Waiver.

MEMBER'S NAME (Last, First, M.I.)	EMPLOYEE NO.	RETIREMENT DATE	SOCIAL SECURITY NO.
SPOUSE'S NAME (Last, First, M. I.)		SPOUSE'S DATE OF BIRTH	SPOUSE'S SOC. SEC. NUMBER

PART II - CERTIFICATION OF MARITAL STATUS - SINGLE MEMBER AFFIDAVIT

I am over the age of eighteen and understand the obligations of an oath. I hereby certify that I am not married or have a civil union partner as of the date I signed below which is within one year of my retirement. I attest that I am not married as of the date below or subject to a spouse's consent for the payment election form I have chosen. I understand that willfully falsifying statements on this form can be punishable by fine or imprisonment. (U.S. Code Title 18, Section 1027).

 SIGNATURE OF MEMBER

 DATE

Notary certification: I hereby certify and affirm this Affidavit was signed by the person whose signature appears above. Signed and sworn before me this _____ day of _____, 20_____.

Signature of notary public: _____

SEAL HERE

State: _____ Town: _____ My signature expires _____

PART III - MEMBER STATEMENT AND SPOUSE WAIVER

Member's Statement: After reviewing the payment options with my spouse and the possible effect of my election to him or her on the monthly pension benefit and continuing health insurance, I have chosen to retire with:

_____ Option B - 50 or 100% Survivorship _____ Option C - 10/20 year certain _____ Option D - Straight Life

Name of Annuitant: _____ Not Applicable for Option D

SIGNATURE OF MEMBER: _____ DATE: _____

Spouse Waiver - To Be Signed in Front of a Notary: I understand that at retirement my spouse is required to select a payment option (Option A or B) which will provide me with lifetime retirement benefits and health insurance coverage after his or her death *unless* I waive my right to these lifetime benefits. I understand that unless I am a named contingent annuitant on a payment election I will not receive any pension payment or health insurance coverage after my spouse's death. I understand that retiree health insurance is tied into the receipt of a state retiree pension - if there is no pension benefit there is no health insurance. I understand that by signing this form.

Initial Here

- I am waiving my right to lifetime benefits under Option A or Option B. _____
- I am consenting to my spouse's choice of payment option and/or annuitant. _____
- My spouse's payment option **cannot** be changed after his/her retirement for **any reason**. _____
- My waiver (what I am signing) is irrevocable once my spouse's pension payments begin. _____

I understand that signing this waiver could have an adverse impact on any pension or health insurance benefits that may be due to me as a surviving spouse. I certify that I am signing this waiver of my own free act and deed.

SIGNATURE OF SPOUSE: _____ DATE: _____

Signed and sworn before me this _____ day of _____, 20_____.

SEAL & STAMP HERE

Signature of notary public: _____