

STATE OF DELAWARE
JOINT AND SURVIVOR RETIREMENT BENEFIT
STATE EMPLOYEES PENSION PLAN

Name of Participant: _____
Last, First, Middle (PLEASE PRINT)

Social Security #: _____ EMPLID: _____

In accordance with Section 5528, Title 29, Delaware Code, the Participant and Spouse must complete this form prior to the issuance of the first benefit check. Once this election has been made, it shall be **IRREVOCABLE**.

_____ 1) I elect to reduce my service or disability pension by 3% to provide a monthly survivor's pension benefit equal to 75% of the reduced service or disability pension that I will be receiving at the time of my death.

_____ 2) I elect a monthly survivor's pension benefit equal to 50% of the service or disability pension benefit that I will be receiving at the time of my death.

Participant's Signature **Date**

If Married/Civil Union, Spouse's Signature **Date**

Sworn to and subscribed before me this

_____ **day of** _____ **20**_____

Notary Public

INSTRUCTIONS FOR THE JOINT SURVIVOR BENEFIT FORM

The purpose of this form is to choose the amount of pension that you would like to leave to your eligible survivor (eligible survivors are your spouse, dependent children under 18, children 18 to 22 that are full time students, a child that is permanently disabled before reaching the age of 18, or your dependent parents).

There are 2 choices:

- 1) Reduce your pension benefit by 3% to leave 75% of your benefit to your eligible survivor, or
- 2) Do not reduce your pension benefit and leave 50% of your benefit to your eligible survivor. This is also the option that could be chosen if you have no eligible survivors and expect to have no eligible survivors in the future.

This form must be completed even if you do not have an eligible survivor. Once this election has been made, it shall be **IRREVOCABLE**.

Your signature on the form must be notarized.

If you are married/civil union, your spouse's signature must also be notarized.