

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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## EARLY SURVIVOR BENEFIT ELECTION/REJECTION FORM

### PLEASE CHECK ONE:

I elect to receive my pension survivor benefits beginning \_\_\_\_\_, the first of the month following my spouse's date of death. I understand that the amount payable to me will be actuarially reduced from the amount payable at my late spouse's earliest retirement date under the Pension Plan, **OR**

I reject the early survivor benefits and wish to keep the effective date as \_\_\_\_\_, my late spouse's earliest retirement date under the Pension Plan.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Witness' Signature