

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



www.tjc83funds.org

8814 Fargo Road · Suite 200 · Richmond, VA 23229

Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

Email: documents@tjc83funds.net

Election of Joint and Survivor Benefit Upon Retirement

You have a right to take 30 days to consider the form of benefit.

Retiree's name _____ SSN _____

Spouse's name _____ SSN _____

Spouse's date of birth _____

I ELECT TO HAVE MY SPOUSE RECEIVE 50% _____ or 66.7% _____ or 75% _____ or 100% _____ OF MY PENSION BENEFITS IN THE EVENT OF MY DEATH. (Check one %)

I UNDERSTAND THE FOLLOWING CONDITIONS:

- 1) If I elect the Joint and Survivor Benefit, my pension benefits will be reduced on the basis of actuarial equivalence using my age and my spouse's age at my retirement in order to provide the lifetime benefit to my spouse after my death.
- 2) My election of the Joint and Survivor Benefit cannot be cancelled or changed once I retire under this benefit except as noted below.
- 3) My spouse and I must be legally married to each other when my pension benefits begin for the Joint and Survivor Benefit to be effective.
- 4) If my spouse dies **before** my pension benefits begin, this election is cancelled and no reduction will be made in my pension benefits for the Joint and Survivor Benefit. If my spouse dies after my pension benefits begin, I will continue to receive the reduced pension benefits until the month after I submit a certified copy of my spouse's death certificate to the Fund Office.
- 5) If I am **divorced before** my pension benefits begin, this election is cancelled unless a Qualified Domestic Relations Order states otherwise.
- 6) If I am **divorced after** my pension benefits begin, the Joint and Survivor Benefit remains in effect unless my former spouse specifically waives his/her right to this benefit in a certified court order. I will continue to receive the reduced benefit amount until I submit the certified order to the Fund Office. In the event the benefit is not waived, my former spouse will receive the survivor benefit after my death for his/her lifetime.

Signature _____ Date _____

SUBMIT COPIES OF YOUR MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE WITH THIS ELECTION.