

**STATE OF DELAWARE  
JOINT AND SURVIVOR RETIREMENT BENEFIT**

Name of Employee: \_\_\_\_\_  
Last, First, Middle (PLEASE PRINT)

PHRST EMPLID: \_\_\_\_\_ PENSION EMPLID: \_\_\_\_\_

In accordance with 29 Del. C. Section 5527(g)(i), 29 Del. C. Section 5577, 11 Del. C. Section 8821(a), 11 Del. C. Section 8368 and 29 Del. C. Section 5613(3), the employee **must** complete this form prior to the issuance of the first benefit check. Once this election has been made, it shall be **IRREVOCABLE and cannot be changed for any reason including any future change in the member's survivor, marital or dependent status.**

\_\_\_\_\_ 1) 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. Under this election, my service or disability pension will not be reduced.

\_\_\_\_\_ 2) I elect to reduce my service or disability pension by 2% to provide a monthly survivor's pension benefit equal to 66.67% of the reduced service or disability pension benefit that I will be receiving at the time of my death.

\_\_\_\_\_ 3) 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.

\_\_\_\_\_ 4) I elect to reduce my service or disability pension by 6% to provide a monthly survivor's pension benefit equal to 100% of the reduced service or disability pension benefit that I will be receiving at the time of my death.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**Notary Public**

## INSTRUCTIONS FOR THE JOINT AND SURVIVOR RETIREMENT BENEFIT FORM

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

There are 4 choices:

- 1) Do not reduce your pension benefit and leave 50% of your benefit to your eligible survivor.  
This is an option that could be chosen if you have no eligible survivors and expect to have no eligible survivors in the future, or
- 2) Reduce your pension by 2% to leave 66.67% of your benefit to your eligible survivor, or
- 3) Reduce your pension benefit by 3% to leave 75% of your benefit to your eligible survivor, or
- 4) Reduce your pension by 6% to leave 100% of your benefit to your eligible survivor.

This form must be completed even if you do not have an eligible survivor. Once this election has been made, it shall be **IRREVOCABLE**. You cannot change your benefit election due to any future change in marital or family status.

**Your signature on the form must be notarized.  
Do not sign the form until you are in the presence of the notary public.**