

STATE OF DELAWARE OFFICE OF PENSIONS

JOINT AND SURVIVOR BENEFIT FORM

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Name:			Pension ID:		
	LEASE PRINT)				
Pension Plan (Check One):	State Employees' C/M Police	State Police ce/Fire	Legislators' C/M General	Judiciary	
in accordance with 11 Del. C. § 8368 employee must complete this form prhis election has been made, it shall be the pensioner's survivor, marital, or	ior to the issuance of the first EIRREVOCABLE and ca	st pension check	even if you do not have a	an eligible survivor. Once	
The purpose of this form is for you to survivor(s) at the time of your death (sime students, a child that is permane dependent parents).	an eligible survivor is your s	spouse, depender	it children under 18, chil	dren 18 to 22 that are full	
I elect a survivor's monthly pen of my death. This is an option t in the future. <u>Under this election</u>	hat could be chosen if you h	nave no eligible s	survivors and expect to h		
I elect to reduce my service or reduced service or disability per				ual to 66.67% of the	
I elect to reduce my service or reduced service or disability per				equal to 75% of the	
I elect to reduce my service or reduced service or disability per				qual to 100% of the	
	Your signature on this Do not sign this form until you are				
X		X			
SIGNATUI	RE		TELEPHONE NU	JMBER	
For Use by Notary 1	Public Only]	Place Notary Star	mn Here	
Sworn to and subscribed before me			<u></u>		
Signature of Notar	y Public	My Commi	ssion Expires:		