



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

P.L. 1994, c. 62 (CHAPTER 62)

**NONCONTRIBUTORY GROUP LIFE INSURANCE
IN EXCESS OF \$50,000 ELECTION FORM**

Check one: PERS TPAF PFRS SPRS ABP JRS DCRP

Name _____ Date of Birth ____ / ____ / ____

Social Security Number _____ Membership Number _____

Address _____
Street City State Zip Code

Telephone Number _____ Employer Name _____

ELECTION TO WAIVE NONCONTRIBUTORY GROUP LIFE INSURANCE IN EXCESS OF \$50,000

In accordance with the provisions of Chapter 62, I hereby elect to waive all of the Noncontributory Group Life Insurance in excess of \$50,000, to become effective January 1 of next year. I understand this election is irrevocable for the entire calendar year following my completion of a new form requesting a reinstatement with the New Jersey Division of Pensions & Benefits (NJDPB).

Note: This waiver in no way affects your Contributory Group Life Insurance coverage. If you wish to withdraw from the Contributory portion, you must complete a *Contributory Life Insurance: Withdrawal Form* available on www.nj.gov/treasury/pensions. There are no provisions to obtain the Contributory Insurance once a member withdraws

ELECTION TO REINSTATE NONCONTRIBUTORY GROUP LIFE INSURANCE IN EXCESS OF \$50,000

In accordance with the provisions of Chapter 62, I hereby elect to reinstate all of the Noncontributory Group Life Insurance in excess of \$50,000, to become effective January 1 of next year. I understand this election is irrevocable for the entire calendar year following my completion of a new form requesting a waiver with the NJDPB.

Form must be filed no later than December 31 to be effective starting January 1 of the following year

_____/_____/_____
Signature of Member Date

Mail completed form to:

**Beneficiary Services
 New Jersey Division of Pensions & Benefits
 P.O. Box 295
 Trenton NJ 08625-0295**