



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

Name (*print*) _____ Date of Birth ____/____/____

Social Security # _____ Membership Number # _____

Address _____

Daytime Telephone # _____ 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).

Reminder: This waiver in no way affects your Contributory Group Life Insurance coverage. If you wish to withdraw from the Contributory portion, you must contact the NJDPB at the address below for the proper form. 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