



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES BUREAU**

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**Retirement System:  PERS  TPAF  PFRS  SPRS  ABP  JRS  DCRP

Membership Number \_\_\_\_\_ Employer Name \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle Initial

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**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](http://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.

This 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:

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