



# GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

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## ELECTION OF OPTIONAL BENEFITS

(Please print all information on document.)

Date: \_\_\_\_\_

Employee No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

### Election by Married Member:

I, \_\_\_\_\_, do hereby elect a lesser service retirement annuity, with the provision that my beneficiary receive an annuity as provided in the law governing Optional Benefits of the Employees Retirement System; payment to my beneficiary to begin upon my death.

### Election by Unmarried Member:

I, \_\_\_\_\_, do hereby elect a lesser service retirement annuity for the designated beneficiary named below.

### Designation of Beneficiary:

The name of my beneficiary under the election made herein is \_\_\_\_\_ who is related to me as \_\_\_\_\_, (SSN) \_\_\_\_\_, and whose date and place of birth is: (Date) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Place of Birth) \_\_\_\_\_.  
mm dd yyyy

I hereby certify that the information stated above is correct and if any error has been made, I agree that the amount payable by the Employees Retirement System may be adjusted to the amounts which would have been payable had no error been made herein. **I also understand that I cannot change this option once my retirement becomes final. My retirement becomes final when any retirement benefit payment is cashed or deposited.**

I hereby elect the "Full Option Benefit" at a semi-monthly cost of \$ \_\_\_\_\_.

I hereby elect the "Half Option Benefit" at a semi-monthly cost of \$ \_\_\_\_\_.

In event of separation, death, etc., Optional Benefits cannot be revoked. \_\_\_\_\_  
(Please initial)

Mailing Address of Beneficiary: \_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Signature of Spouse)

\_\_\_\_\_  
(Signature of Analyst)

Territory of the U.S. Virgin Islands }  
District of } ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to be the individual whose named is subscribed in the foregoing instrument and acknowledge that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act.

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

Commission Expires \_\_\_\_\_