

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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EARLY SURVIVOR BENEFIT **ELECTION/REJECTION FORM**

PLEASE CHECK ONE:

I elect to receive my pension survivor benefits beginning _____, the first of the month following my spouse's date of death. I understand that the amount payable to me will be actuarially reduced from the amount payable at my late spouse's earliest retirement date under the Pension Plan, **OR**

I reject the early survivor benefits and wish to keep the effective date as _____, my late spouse's earliest retirement date under the Pension Plan.

Signature of Beneficiary

Date Signed

Beneficiary's Social Security Number

Witness' Signature