

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



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## Election of Joint and Survivor Benefit Upon Retirement (eff. 1-1-09)

*You have a right to take 30 days to consider the form of benefit.*

Retiree's name \_\_\_\_\_ SSN \_\_\_\_\_

Spouse's name \_\_\_\_\_ SSN \_\_\_\_\_

Spouse's date of birth \_\_\_\_\_

I ELECT TO HAVE MY SPOUSE RECEIVE 50% \_\_\_\_\_ or 66.7% \_\_\_\_\_ or 75% \_\_\_\_\_ or 100% \_\_\_\_\_  
OF MY PENSION BENEFITS IN THE EVENT OF MY DEATH. (Check one %)

### I UNDERSTAND THE FOLLOWING CONDITIONS:

- 1) If I elect the Joint and Survivor Benefit, my pension benefits will be reduced on the basis of actuarial equivalence using my age and my spouse's age at my retirement in order to provide the lifetime benefit to my spouse after my death.
- 2) My election of the Joint and Survivor Benefit cannot be cancelled or changed once I retire under this benefit except as noted below.
- 3) My spouse and I must be legally married to each other when my pension benefits begin for the Joint and Survivor Benefit to be effective.
- 4) If my spouse dies *before* my pension benefits begin, this election is cancelled and no reduction will be made in my pension benefits for the Joint and Survivor Benefit. If my spouse dies after my pension benefits begin, I will continue to receive the reduced pension benefits until the month after I submit a certified copy of my spouse's death certificate to the Fund Office.
- 5) If I am *divorced before* my pension benefits begin, this election is cancelled unless a Qualified Domestic Relations Order states otherwise.
- 6) If I am *divorced after* my pension benefits begin, the Joint and Survivor Benefit remains in effect unless my former spouse specifically waives his/her right to this benefit in a certified court order. I will continue to receive the reduced benefit amount until I submit the certified order to the Fund Office. In the event the benefit is not waived, my former spouse will receive the survivor benefit after my death for his/her lifetime.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT COPIES OF YOUR MARRIAGE CERTIFICATE AND SPOUSE'S BIRTH CERTIFICATE WITH THIS ELECTION.**