



# Retiree Select/Optional Life Insurance Continuation/Waiver

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086

## SECTION I: MEMBER INFORMATION

<b>THIS FORM IS SUBMITTED TO:</b>	
<input type="checkbox"/> CONTINUE COVERAGE	<input type="checkbox"/> DECREASE COVERAGE
<input type="checkbox"/> CHANGE BENEFICIARY	<input type="checkbox"/> CANCEL COVERAGE
RETIREE NAME	RIN OR LAST FOUR DIGITS OF SSN

*Complete this form only if you wish to continue Retiree Select/Optional Life Insurance or change your beneficiary.*

I elect to continue my Select/Optional Life Insurance (called Select Life Insurance under the active employee plan) and hereby authorize the State of Alaska to make the necessary deduction from my benefit check. (Complete beneficiary designation.)

Life Insurance Volume Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

I elect to decrease my Select/Optional Life Insurance and hereby authorize the State of Alaska to decrease my Life Insurance to \$ \_\_\_\_\_ (must be \$5,000 increments i.e. \$40,000, \$35,000 etc.) I understand that once this amount is decreased, it may never be increased.

I elect to cancel my Select/Optional Life Insurance and hereby waive my right to participate in the future. (Skip to signature block.)

This form allows you to designate a person or institution as your primary and contingent beneficiaries for Select/Optional life insurance and as a member of the PERS, TRS, EPORS or JRS. This coverage is called "Select Life" as an active employee. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer information number (TIN) for an institution. You may change your beneficiaries in the future by completing a new *Retiree Select/Optional Life Insurance Continuation/Waiver* form (02-1858).

## SECTION II: PRIMARY BENEFICIARY DESIGNATION

	Full legal name of person, trust, or institution	Address, City, State, ZIP+4	Relationship to Member	Date of Birth	Social Security Number (or TIN)	% of Benefit
1.						
2.						
3.						
4.						

## SECTION III: SECONDARY BENEFICIARY DESIGNATION (Will only receive benefits if all primary beneficiaries are deceased.)

	Full legal name of person, trust, or institution	Address, City, State, ZIP+4	Relationship to Member	Date of Birth	Social Security Number (or TIN)	% of Benefit
1.						
2.						
3.						
4.						

## SECTION IV: SIGNATURE

SIGNATURE	DATE
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# Beneficiary Designation Instructions and Information

## Select/Optional Life Insurance

Upon retirement, you may choose to continue your Select/Optional Life Insurance (called Select Life Insurance under the active employee plan). The Accidental Death and Dismemberment benefit, however, is no longer included in this coverage.

You may change your Select/Optional Life Insurance coverage at the time of retirement or one time per calendar year. You may decrease coverage in increments of \$5,000. (i.e. \$40,000, \$35,000 etc.). Coverage may not decrease below \$5,000. Once you decrease Select/Optional Life Insurance, it may never be increased.

For more detailed information regarding the Select/Optional Life Insurance plan, please refer to your Retiree Group Insurance Information Booklet.

## Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
- A trust.
- Any combination of these options.

## Primary Versus Secondary Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
- Secondary beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All secondary beneficiaries share equally, unless otherwise noted on the form.

## Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. You must also designate whether the beneficiary is primary or secondary. Each piece of information helps ensure the named beneficiary is located and the proper person or institution receives the correct distribution.

## Designating an Institution as Beneficiary

To name an institution (charity, church, etc.), please provide all of the information requested in Sections II and/or III.

## Designating a Trust as Beneficiary

To designate a trust as beneficiary, you should provide the name of the trust and the date the trust was created in the space provided for naming a beneficiary. Please also provide a copy of the Memorandum of Trust with your beneficiary designation.

## Designating a Minor as Beneficiary

A minor can be named as your beneficiary. When no custodian has been named, and the amount the minor will receive is more than \$5,000, payment is guided by the Alaska Uniform Transfers to Minors Act. The Alaska Uniform Transfers to Minors Act AS 13.46.010-999 permits transfers of property and money to a person nominated as a custodian for a minor. The custodian must obtain a conservatorship prior to payment of the funds. This is true even if the custodian is the parent or legal guardian of the minor.

## Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows on this form, use an *Additional Beneficiary Designation* page. This page must be received with your completed Beneficiary Designation form to be valid. You can download an additional page at [Alaska.gov/drb](http://Alaska.gov/drb) or contact the Division to receive one by mail.

**Each time you complete a beneficiary form, it cancels all prior beneficiary designations with the Division for these death benefits.** Your designations do not become effective until this form is signed and received in the Division office. This beneficiary form will not update any life insurance beneficiaries you may have.

For more information, please contact the Member Services Contact Center toll-free at (800) 821-2251, in Juneau at (907) 465-4460 from 8:30 a.m. to 4 p.m. Monday-Thursday and 8:30 a.m. to 3 p.m. Friday Alaska Time. You may also contact customer service representatives by email at [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov).

When you have completed and signed this form, please return the original form to the Division at:

Alaska Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, Alaska 99811-0203

## Divorce, Dissolution, or Annulment

Divorce, dissolution of a marriage, or an annulment of a marriage voids a beneficiary designation. Uniform Probate Code §2-804 provides that divorce, dissolution, or annulment, as it relates to beneficiary designations:

- Revokes any beneficiary designation made to a former spouse.
- Revokes the beneficiary designation of a former spouse's family member.

If do you obtain a divorce, dissolution, or annulment, and you wish to designate your ex-spouse as a beneficiary, you must complete a new beneficiary form reasserting this designation.

**Retiree Select/Optional Life Insurance Premiums**  
Premiums for the Retiree Select/Optional Life Insurance plan can be found on the Division of Retirement and Benefits website at [Alaska.gov/drb](http://Alaska.gov/drb).

***If you are completing this form because you recently divorced, please send a complete court-certified copy of your divorce or dissolution documents to the Division.***