



# Election/Waiver of Supplemental Contributions

FOR OFFICE USE ONLY

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**alaska.gov/drb**

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Employee's Name	Last	First	M.I.	Social Security Number
Mailing Address (Street or P.O. Box, City, State, ZIP)				
Employer	Employer Number	Marital Status	Telephone	
		<input type="checkbox"/> Single <input type="checkbox"/> Married		

**1% Supplemental Contributions Election**

**Only members first hired under the TRS before July 1, 1982, are eligible to participate in the 1% Supplemental Contributions provision.**

**An election to participate must be received by the TRS or postmarked within 90 days of:**

- (1) your initial hire under the TRS; or
- (2) rehire, if at least twelve months has elapsed since you were an active member in the TRS; or
- (3) your marriage (**a copy of marriage certificate must be attached**); or
- (4) the birth or adoption of a child dependent upon you (**a copy of birth certificate or adoption order must be attached**).

Place an "X" in the appropriate box below and enter the date. The Supplemental Contributions provision is designated for members who are married and/or have minor children and wish to provide a spouse's pension or a survivor's allowance upon the member's death. If supplemental contributions are elected, your employer must deduct and transmit to the TRS the additional 1% of your gross monthly salary every pay period. Supplemental contributions are refundable only if benefits are not payable under the survivor's allowance or spouse's pension. Once this option has been elected, it remains in effect even if you change employers. You can discontinue supplemental contributions by signing the reverse side of this form.

Please Note: There are other death benefits provided under the occupational and nonoccupational death and joint and survivor provisions for members who are not participating in the 1% Supplemental Contributions provision. You should review those provisions before electing to make supplemental contributions.

Yes I hereby elect supplemental contributions and authorize my employer to deduct such contributions from my regular paycheck

effective \_\_\_\_\_

Month                      Day                      Year

No I do not want to make supplemental contributions effective \_\_\_\_\_

Month                      Day                      Year

Employee's Signature	Date
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**I hereby elect to discontinue making supplemental contributions to the Teachers' Retirement System. I understand and agree that by signing this waiver I am relinquishing all rights** to benefits (Survivor's Allowance or Spouse's Pension) previously or currently available to my survivors under the Supplemental Contribution Option (AS 14.25.055; 14.25.162, and 14.25.164) elected by me on \_\_\_\_\_  
Month Day Year.

I understand that I will not be eligible to resume participation unless my election to participate is received by the TRS or postmarked within 90 days of:

- (1) my rehire under the TRS, if at least 12 months has elapsed since I was an active TRS member;
- (2) my marriage (a copy of the marriage certificate must be attached); or
- (3) the birth or adoption of a child dependent upon me (a copy of the birth certificate or adoption order must be attached).

Date	Employee Signature (must be witnessed below)
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Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed \_\_\_\_\_  
Notary Public, Postmaster, or designated employee of the  
Division of Retirement and Benefits

My Commission expires \_\_\_\_\_.