



**Judicial Retirement System  
Spousal Benefit Coverage Election/Declination Form  
(OCGA 47-23-105)**

**Member Name** \_\_\_\_\_  
(Please Print) **Social Security Number**

**ELECTION OF SPOUSAL BENEFIT COVERAGE**

**BENEFIT ELIGIBILITY**

A minimum of ten (10) years coverage is required for Spousal Benefit Coverage. Upon the death of a member, the living spouse will receive a monthly sum equal to one-half of the retirement benefit the member was receiving, if retired, or one-half of the amount the member was eligible to receive at the time of death. The benefit is payable to the spouse for life. In the event of the death of a member with less than ten years of creditable service, employee contributions with accumulated interest will be refunded to the spouse or named beneficiary.

**CONTRIBUTION REQUIRED**

The cost for Spousal Benefit Coverage is 2½ %. After the member has paid contributions for 16 years, spousal contributions shall cease.

**SPECIAL NOTE**

Upon the death of the spouse, or if the member ceases to be married, the 2½% contribution for Spousal Benefit Coverage may cease. To discontinue the 2½% contribution, the member must notify the JRS Board in writing within 90 days after the date of the death or 90 days after the date the member ceases to be married. Upon notification, no further deduction shall be made.

**Spouse's Name:** \_\_\_\_\_

**Spouse's Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Spouse's Social Security Number:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DECLINATION OF SPOUSAL BENEFIT COVERAGE**

[ ] I hereby **DECLINE** the Spousal Benefit Coverage option. (If you are currently married and you decline this coverage, there is no statutory provision to allow election at any future date.)

[ ] I hereby **DECLINE** the Spousal Benefit Coverage option because I am unmarried at this time. (If this benefit is declined because you are not married at this time, you may elect coverage within 90 days of becoming married or remarried by notifying the JRS Board in writing.)

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this signed form to the Employees' Retirement System of Georgia **within 90 days of hire**. Mail to the following address:

Employees' Retirement System of Georgia  
Two Northside 75, Suite 300  
Atlanta, GA 30318