



Group Term Life Insurance (GTLI) Change of Beneficiary Form

Instructions

You can change your beneficiary at any time by logging in to your account at ers.ga.gov

This form is to update beneficiaries for Group Term Life Insurance (GTLI). The following members are eligible for GTLI:

Active Employees:

- ERS New Plan and ERS Old Plan
- JRS with Membership Date prior to July 1, 2009 and after July 1, 2002, OR prior to July 1, 2002 and elected GTLI coverage
- LRS with Membership Date prior to July 1, 2009

Inactive Employees, Before Retirement:

You retain your GTLI coverage only if you have at least 18 years of creditable service in the Retirement System and have not waived the GTLI benefit. Premiums accrue and are due at retirement.

Retired Employees:

Check your retirement documents for GTLI coverage.

Do not use this form to update your Retirement Benefit beneficiaries.

- Active or Inactive members: Use the *Member Change of Beneficiary* form for the appropriate Retirement System or change your beneficiary online at ers.ga.gov.
- Retired members: Use the *Retiree Change of Beneficiary* form for the appropriate Retirement System.

Complete and mail or upload this **original form** to ERSGA along with a copy of a **valid photo identification**. Do not email or fax. Valid photo identification is one of:

- Valid Georgia Driver's License
- Valid U.S. passport ID, U.S. military photo ID, or tribal photo ID
- Any valid state or federal government-issued photo ID, including a free ID Card issued by your county registrar's office or the Georgia Department of Driver Services (DDS)

Changes are not valid until received by ERSGA. A Will does not take precedence over this designation.

Sections 1 and 3: Your Information and Signature

Section 1: Complete all information. If your address changes in the future, notify your current ERSGA employer. If you are no longer employed, notify ERSGA directly.

Section 3: Original (Handwritten) Signature and date to acknowledge:

- Understanding of conditions below and authorization to change beneficiary designation.
- You have attached a clear, legible copy of a valid photo ID.

Section 2: GTLI Beneficiary Information

- Primary and secondary beneficiaries do not share benefits. Benefits will only be paid to a secondary beneficiary if all primary beneficiaries pre-decease you.
- If you wish to name multiple beneficiaries, please write “see attached” on this form. On a separate sheet of paper, write the names, percentage of benefit to each beneficiary (must total 100%), and other requested information. You must sign and date the separate sheet, include your Social Security Number (SSN) in the upper right hand corner, and attach to this form.

Online: To use this form, complete, sign, and upload, along with a clear, legible copy of a **valid photo identification** and any other required documentation. The ID Number, name, date of birth, and expiration date must be clear and legible. Valid photo identification is one of:

- Valid Georgia Driver's License
- U.S. passport ID, U.S. military photo ID, or tribal photo ID
- Any valid state or federal government-issued photo ID, including a free ID Card issued by your county registrar's office or the Georgia Department of Driver Services (DDS)

Upload by scanning the documents (use a home scanner or mobile app), log in to your ERSGA account at ers.ga.gov, and click on the *File Upload* link. Allow two business days after uploading a document for it to be available to ERSGA staff.

Mail: Complete, sign, and mail this **original form** along with a copy of a **valid photo identification** and any other required documentation to:

ERSGA
Two Northside 75, Suite 300
Atlanta, GA 30318-7778



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Section 1: Member Information

Your Information

First Name _____ Middle Initial _____ Last Name _____ Last 4 of SSN _____ Date of Birth _____ (mm/dd/yyyy)	Mailing Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____
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Section 2: GTLI Beneficiary Information

A. Primary

First Name _____ Middle Initial _____ Last Name _____ Relationship to _____ Date of Birth _____	Mailing Address _____ City _____ State _____ Zip _____ Phone _____
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B. Secondary

First Name _____ Middle Initial _____ Last Name _____ Relationship to _____ Date of Birth _____	Mailing Address _____ City _____ State _____ Zip _____ Phone _____
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Section 3: Signature & Acknowledgement

I acknowledge:

- I have read and understand the instructions on Page 1 and 2 of this form.
- I designate the above for any benefits due after my death.
- I have attached a clear, legible copy of my photo ID.

Signature (handwritten)

Date