



JRS Spousal Benefit Change Form

- 1. Complete employee information
- 2. Complete spouse information and reason for change
- 3. Sign and date
- 4. Provide any required documentation

Name (please print):	Social Security Number:
Date of Birth: Daytime Pt	hone Number:
Mailing Address:	
	cause the member was unmarried at the time of rejection, because such ceased to be married, they shall have the option to elect Spousal Benefit or remarried. [O.C.G.A. 47-23-105(d)]
Benefit Eligibility	
Spousal coverage applies only to members hired	prior to July 1, 2012. [O.C.G.A. 47-23-105(g)]
will receive a monthly sum equal to one-half of the amount the member was eligible to receive at the	for Spousal Benefit Coverage. Upon the death of a member, the living spouse retirement benefit the member was receiving, if retired, or one-half of the time of death. The benefit is payable to the spouse for life. In the event of the reditable service, employee contributions with accumulated interest are
Contribution Required	
The cost for Spousal Benefit Coverage is $2\frac{1}{2}$ % of years, spousal contributions shall cease.	f earnable compensation. After the member has paid contributions for 16
In accordance with O.C.G.A. 47-23-105(d), I am c	hanging my Spousal Benefit Coverage due to (select one):
Divorce (attach divorce decree)	
Marriage or remarriage (attach marriage	license)
Spouse's Name:	
Spouse's Date of Birth:	Spouse's Social Security Number:
Death of Spouse (attach death certificate	;)
Signature:	Date:

Return this signed form, along with required supporting document(s), to the Employees' Retirement System of Georgia within 90 days of the change in status indicated above. Mail to the following address: