



## Judicial Retirement System Spousal Benefit Coverage Change Form

Complete this form if you are an existing JRS member allowed to change your spousal election under O.C.G.A 47-23-105.

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

**Mailing Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

Pursuant to O.C.G.A. 47-23-105(d), if a member rejects Spousal Benefit Coverage because the member was unmarried at the time of rejection, because such member's spouse died, or because such member ceased to be married, he/she shall have the option to elect Spousal Benefit Coverage within 90 days after becoming married or remarried.

### 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.

**In accordance with O.C.G.A. 47-23-105(d), I am changing my Spousal Benefit Coverage due to (select one):**

- Divorce** (attach divorce decree)
- Marriage or remarriage** (attach marriage license)

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

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

- Death of Spouse** (attach death certificate)

**Member 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:

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