

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON, NJ 08625-0295

CHAPTER 62, P.L. 1994
NONCONTRIBUTORY GROUP LIFE INSURANCE IN EXCESS OF \$50,000
ELECTION FORM

PERS TPAF PFRS SPRS ABP JRS

Name (print) _____

Social Security # _____ Membership # _____

Address _____

Daytime Telephone # _____

Employer Name _____

ELECTION TO WAIVE NONCONTRIBUTORY GROUP LIFE INSURANCE IN EXCESS OF \$50,000

In accordance with the provisions of Chapter 62, P.L.1994, I hereby elect to **WAIVE** all of the Noncontributory Group Life Insurance in excess of \$50,000, to become effective January 1 of next year. I understand this election is irrevocable for the entire calendar year and will remain in effect until the calendar year following my completion of a new form requesting a reinstatement with the Division of Pensions and Benefits.

Reminder: This waiver in no way affects your Contributory Group Life Insurance coverage. If you wish to withdraw from the Contributory portion, you must contact the Division of Pensions and Benefits at the above address for the proper form. There are no provisions to obtain the Contributory Insurance once a member withdraws.

ELECTION TO REINSTATE NONCONTRIBUTORY GROUP LIFE INSURANCE
IN EXCESS OF \$50,000

In accordance with the provisions of Chapter 62, P.L.1994, I hereby elect to **REINSTATE** all of the Noncontributory Group Life Insurance in excess of \$50,000 to become effective January 1 of next year. I understand this election is irrevocable for the entire calendar year and will remain in effect until the calendar year following my completion of a new form requesting a waiver with the Division of Pensions and Benefits.

Signature of Member

Date

**MUST BE FILED NO LATER THAN DECEMBER 31 TO BE EFFECTIVE
STARTING JANUARY 1 OF THE FOLLOWING YEAR**