



**MoDOT & Patrol Employees' Retirement System**  
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 Fax: (573) 522-6111 • Email: mpers@mpers.org  
 Website: www.mpers.org

## New Spouse Designation

1. Complete all sections of this form.
2. Attach requested proof document.
3. Sign and date the form.
4. Return the form to MPERS

Eligible retirees may use this form to designate your new spouse as a beneficiary for monthly survivor benefits under certain conditions. This form and requested proofs must be received at MPERS' office prior to the member's date of death.

- To be eligible, you must: 1) meet one of the conditions listed below (divorce does not qualify), **and** 2) complete and submit this form to MPERS within one year from your date of marriage. Once the one-year window has passed, you cannot reelect a payment option and your new spouse will not be eligible for survivor benefits.
- This election is irrevocable, even after divorce.
- Your current monthly benefit will be reduced if you elect to designate your spouse as your beneficiary to receive continuing lifetime benefits upon your death. The one exception would be if you are retired under the Closed Plan and elect the Joint & 50% Survivor Option.

Member Information			
Social Security Number: XXX – XX –	Phone Number:	E-mail Address:	
Member's Name: (Last)	(First)	(MI)	
Mailing Address:	(City)	(State)	(Zip Code)

## Condition of Eligibility and Election

Check the applicable condition below (Condition 1 or 2) **and** elect a benefit payment option.

**Condition 1 (not married at retirement):**

I was not married at retirement when I elected the Life Income Annuity Option on my retirement application. I am married now. In order to provide my new spouse with a survivor benefit upon my death, I hereby elect the following benefit payment option (*check one payment option*).

**Joint & 50% Survivor Option**

**Joint & 100% Survivor Option**

**Condition 2 (spouse died):**

I was married and elected a Joint & Survivor Option at retirement. My spouse died and I have remarried. In order to provide my spouse with a survivor benefit upon my death, I hereby elect the following benefit payment option (*check one payment option*).

**Joint & 50% Survivor Option**

**Joint & 100% Survivor Option**

## New Spouse Information

Attach an acceptable proof-of-age document for your spouse **and** a copy of your marriage certificate.

Spouse's Name: (Last) (First) (MI)			<b>Acceptable Proof-of-Age Documents:</b> <ul style="list-style-type: none"> <li>• Valid Missouri Driver's License</li> <li>• U.S. Birth Certificate (certified)</li> <li>• U.S. Passport (valid or expired)</li> <li>• Certificate of Citizenship</li> <li>• Certificate of Naturalization</li> <li>• Certificate of Birth Abroad</li> </ul>
Social Security Number:	Date of Birth:	Date of Marriage:	

## Member Signature

Member Signature:		Date:
<b>For Payroll Use Only:</b>	Effective Date:	Amount of Benefit:

If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.