

Alaska Electrical Pension Plan
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VOLUNTARY SUSPENSION OF RETIREMENT BENEFITS FORM

RETIREE REQUEST FOR SUSPENSION

Retiree First Name _____ Initial _____ Last Name _____

Social Security Number _____ Employer (if returning to work) _____

I wish to voluntarily suspend my monthly retirement benefit from the Alaska Electrical Pension Plan effective _____. My suspension of benefits will be in effect until I notify the Pension Department of my request, in writing, to resume my retirement benefit.

IMPORTANT NOTICE:

You are responsible for maintaining monthly coverage under the Retiree Health & Welfare and Retiree Legal plans through self-payment since you will no longer be making payments as a deduction from your monthly retirement benefit. If you return to work, you also must maintain your Retiree Health & Welfare and Retiree Legal coverage through self-payment until your active coverage commences. Your self-payments must begin the first of the month in which your benefit is suspended. If your coverage lapses, you may not be able to re-enroll. Please contact the Administrative Office for additional information.

Retiree Signature _____ Date _____

SPOUSE CONSENT FOR SUSPENSION

INSTRUCTIONS:

The signature may be witnessed by an authorized Pension Representative or notarized before a Notary Public.

I, _____ (print name of spouse), wife/husband of the above-named retiree, hereby consent to my spouse's request to suspend his/her monthly retirement benefit from the Alaska Electrical Pension Plan as of the effective date noted above.

Spouse Signature _____ Date _____

Subscribed and sworn to me this _____ day of _____, 20 ____

Signature of Notary
Notary Public in and for the State of _____,
County of _____,
My Commission Expires: _____

Office Use Only

Authorized Pension Representative _____ Date _____