

Alaska Electrical Pension Plan
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
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www.aetf.com

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:

You may either have this waiver witnessed by an authorized Pension Representative or have it 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 _____