



SURVIVOR BENEFICIARY DESIGNATION

****THIS FORM SUPERSEDES ALL PRIOR BENEFICIARY DESIGNATIONS****

Member Information

Name Change Yes No If Yes, Former Name: _____
 Name: _____ Social Security Number: _____ Employer: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Work Phone: _____ Birth Date: _____

Family Beneficiary Information. A spouse or registered domestic partner is a member's primary beneficiary under NRS 286.674 and may be eligible to receive a lifetime benefit in the event of the member's death prior to retirement. If a monthly benefit is not available, the spouse or registered domestic partner may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System. Children under age 18 may be eligible to receive a limited benefit.

Name of Spouse or Registered Domestic Partner: _____ Social Security Number: _____ Birth Date: _____

List all unmarried children (biological or legally adopted) under age 18. (Attach separate sheet if necessary.)

Name: _____	Social Security Number: _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Social Security Number: _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	Social Security Number: _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F

Survivor Beneficiary Designation. This designation is valid only upon the member establishing eligibility for survivor benefits pursuant to NRS 286.672 and 286.6767. **All members of the System should list one person as the Survivor Beneficiary (not a spouse or registered domestic partner, trust or charitable organization) to receive a lifetime benefit in the event of the member's death or member and spouse's or registered domestic partner's simultaneous death prior to retirement. Additional Payees may be designated to split the payment with the Survivor Beneficiary by percentage. Monthly payments to Additional Payees cease upon the death of the designated Survivor Beneficiary. If a monthly payment is not available and no spouse or registered domestic partner exists, then the Survivor Beneficiary and Additional Payees may be eligible to split, by percentage designated, a one-time, lump-sum payment of any existing member contributions in the System.**

Survivor Beneficiary: (If you do not wish to provide a lifetime benefit for Survivor Beneficiary/Additional Payees, indicate NONE.)

Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Percent*
Address: _____ City, State, Zip: _____				

Additional Payees: (Attach separate sheet, if necessary)

Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Percent*
Address: _____ City, State, Zip: _____				
Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Percent*
Address: _____ City, State, Zip: _____				
Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F	Percent*
Address: _____ City, State, Zip: _____				

***Survivor Beneficiary & Additional Payee Percentages must be whole numbers and total 100% when added together**

TOTAL PERCENTAGES FOR SURVIVOR BENEFICIARY + ALL ADDITIONAL PAYEES =	_____
	Total %

Tertiary Beneficiary Designation. The tertiary beneficiary may be eligible to receive a one-time lump-sum payment of any existing member contributions in the System when there is no spouse or registered domestic partner **and** no Survivor Beneficiary/Additional Payee designated or living **and** no minor children/student payments are being made by the System. If more than one person is listed, the payment will be split equally unless otherwise stated by the member. Attach a separate sheet if necessary.

Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Address: _____ City, State, Zip: _____			
Name: _____	SS# _____	Birth Date: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Address: _____ City, State, Zip: _____			

I understand that the information designated on this form supercedes all prior Beneficiary Designations that I have submitted on other forms, and that this information only affects records with the Public Employees' Retirement System.

For PERS Use - Date Received

Member Signature: _____ Date: _____

Survivor Benefits

If a member dies prior to retirement, eligible survivors are entitled to a monthly survivor benefit. Pursuant to NRS 286.671, eligible survivors are the member's spouse or registered domestic partner or Survivor Beneficiary and Additional Payees. In addition, dependent children under the age of 18 at the time of the member's death would also be eligible for a benefit. In order for the Survivor Beneficiary and Additional Payees to receive benefits, the member must be unmarried at the time of death. To qualify for survivor benefits, the member must have:

1. Two years of service in the two and one-half years immediately preceding the member's death;
2. Ten or more years of accredited service; or
3. Died as a result of an occupational disease or as a result of an accident arising out of or in the course of employment, regardless of service credit.

The calculation of benefits for the spouse or registered domestic partner or the Survivor Beneficiary and Additional Payees is based on the number of years of service credit the member had at the time of death. If the member had less than 10 years of service credit, the benefit would be \$450.00 paid to the spouse or registered domestic partner split between the Survivor Beneficiary and the Additional Payees based on the designated percentage.

If the member had more than 10 years of service credit but less than 15 years, the benefit would be paid under Option 3, which is calculated based on the member's age at the time of death, the spouse's or registered domestic partner's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of \$450.00 could be substituted for the Option 3 benefit, depending on which is greater.

If the member had more than 15 years of service credit or was fully eligible to retire, the benefit would be paid under Option 2, which is calculated based on the member's age at the time of death, the spouse's or registered domestic partner's or Survivor Beneficiary's age, member's service credit, and average compensation. A flat rate monthly benefit of \$450.00 could be substituted for the Option 2 benefit, depending on which is greater.

Dependent children under the age of 18 at the time of the member's death, who were the issue of or legally adopted children of the member, are entitled to a monthly benefit of \$400.00 per month until the child reaches age 18. Once the child reaches age 18, he/she must be a continuous full-time student to receive benefits until age 23.

Benefits cease upon death of the Survivor Beneficiary. Therefore, if the System was paying benefits to a Survivor Beneficiary and Additional Payees, when the Survivor Beneficiary dies, payments to the Additional Payees would cease as well. If an Additional Payee dies, the benefit amount would be redistributed among the remaining payees.

The designation of the Survivor Beneficiary and the Additional Payees must be made on the PERS' form entitled Survivor Beneficiary Designation. Your Survivor Beneficiary and Additional Payees will receive payment based on the percentages you designated for the lifetime of the Survivor Beneficiary. The form must be properly completed and be submitted or postmarked with a date prior to the member's death.

In the event the member fails to meet eligibility requirements for survivor benefits prior to death, a lump-sum refund of any employee contributions would be paid to the member's spouse or registered domestic partner. If no spouse or registered domestic partner exists the refund would be paid to the listed Survivor Beneficiary/Additional Payees. If there are no listed Survivor Beneficiary/Additional Payees the refund would be paid to the listed Tertiary Beneficiary/ies. If there are no listed Tertiary Beneficiary/ies the refund would be paid to the member's estate. If there is no estate, the refund would be paid to the member's heirs.

If you have additional questions, please contact us at (775) 687-4200, (702) 486-3900 or toll-free 1-866-473-7768.