

Cancellation of Joint & Survivor Annuity Plan

Pursuant to Ohio Revised Code 5505.162(D)



A member who has elected a Joint and Survivor Annuity Plan may, with the written consent of the designated beneficiary, cancel the optional plan and receive the single lifetime pension that the member would have received had the member elected the single lifetime pension, if the member makes a request to cancel the optional plan **not later than one year** after the date on which the member first receives a payment under the plan. Cancellation of the optional plan shall be effective the month after acceptance of the request by the Highway Patrol Retirement System (HPRS) board. No payment or adjustment shall be made in the single lifetime pension to compensate for the lesser pension the member received under the optional plan.

Section 1 – Member Information

_____	_____	_____
Last Name	First Name	Middle Initial

Street Address		
_____	_____	_____
City	State	Zip Code
_____	_____	_____
SSN	DOB	Retirement Date
_____	_____	_____
Marital Status	Date of Marriage	

Section 2 – Beneficiary complete this section, if you have received a pension benefit less than one year

I hereby consent, as the beneficiary, to the cancellation of the above member and forfeit my rights as designated under the Joint and Survivor Annuity Plan.

Print Name of Beneficiary

Signature of Beneficiary

Date

Section 3 – Divorce, Annulment or Marriage Dissolution

Date of Action: _____ *(Must submit court documents)*

I hereby consent to the cancellation of my beneficiary rights as designated under the Joint and Survivor Annuity Plan.

Print Name of Beneficiary

Signature of Beneficiary

Date

Section 4 – Acknowledgement and Signature

▶ _____	_____
Signature	Date