

**Alaska Electrical Pension Plan**  
**701 E. Tudor Suite 200**  
**Anchorage, AK 99503**  
**(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576**  
**www.aetf.com**

## VOLUNTARY SUSPENSION OF RETIREMENT BENEFITS FORM

### RETIREE REQUEST FOR SUSPENSION

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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

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#### **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 \_\_\_\_\_