

Joint & Last Survivor Option at Early/Normal Retirement Eligibility Date

Last Name:	First Name:		
Date of Birth:	Social Security #:		
Address:	City:	State:	Zip:
Email Address:	Work Phone #:		
Agency and Position:	<input type="checkbox"/> Early Retirement Eligible OR <input type="checkbox"/> Normal Retirement Eligible		
Spouse Name:	Spouse SSN:	Spouse DOB:	
<p>I have been informed that I may change my Joint & Last Survivor Option at the time of retirement. This option is available to me because I have reached Early/Normal retirement and have elected to take:</p> <p><input type="checkbox"/> 100% Option</p>			
<p>Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I understand that this does NOT complete my retirement application. I must complete the Early/Normal retirement application and all appropriate forms at the time of retirement.</p> <p>Employee Signature: _____ Date: _____</p>			