

**EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII**

201 Merchant Street, Suite 1400
Honolulu, Hawaii 96813-2980

Phone: (808) 586-1735 or 1-800-468-4644 extension 61735 (neighbor islands)

**SPOUSAL/CIVIL UNION PARTNER/RECIPROCAL BENEFICIARY
NOTIFICATION FORM**

The Employees' Retirement System (ERS) of the State of Hawaii must furnish written notification to a member's spouse, civil union partner, or reciprocal beneficiary regarding a member's retirement.

In order to comply with this requirement, you must provide the ERS with information relating to relationship status. This form must be returned to our office prior to your retirement date; otherwise, your initial pension check may be delayed.

(Circle one)

Relationship Status: Married Civil Union Partner Reciprocal Beneficiary Single

If you circled married, civil union partner, or reciprocal beneficiary, you must also provide the name and mailing address of your spouse, civil union partner, or reciprocal beneficiary.

(Please print)

NAME:

(Name of Spouse/Civil Union Partner/Reciprocal Beneficiary)

MAILING ADDRESS:

I understand that:

- Notification can be waived if I selected option 2 or 3 (or combination thereof) or option A or B, and designated my spouse/civil union partner/reciprocal beneficiary as the primary beneficiary.
- My option selection shall not take effect unless I furnish the proper information.
- The ERS will rely on the information I have provided and will not be liable for any false statements.

Signature: _____ SSN: _____

Print Name: _____ Retirement Date: _____

Representative: If signing as Powers of Attorney (POA) Agent(s), Guardian, or Conservator, please check the box; and submit a copy of the document authorizing you to act in this capacity.