

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

SPOUSAL CONSENT OF RETIREMENT OPTION

I, _____, understand the benefits available to my Spouse, _____ (SS No. _____), and am aware of his/her choice of _____ as shown below:

STRAIGHT LIFE: My spouse elects to receive monthly benefits for his/her lifetime and, upon death, no continuing benefits are available to the named beneficiary. I will, by paying the premium, be entitled to keep hospitalization insurance with the Highway Employees Group Insurance Program providing I am covered at time of death.

Signature

OPTION A: My spouse elects to receive monthly benefits for his/her lifetime or 120 months, whichever is longer. Should my spouse die before 120 payments have been made, the named beneficiary will receive the balance of the 120 months, at which time payment will stop. I will, by paying the premium, be entitled to keep hospitalization insurance with the Highway Employees Group Insurance Program providing I am covered at time of death.

Signature

OPTION B: Monthly benefits for the lifetime of my spouse and upon his/her death; I will receive 50% of the monthly amount for the rest of my life. I will, by paying the premium, be entitled to keep hospitalization insurance with the Highway Employees Group Insurance Program providing I am covered at time of death.

Signature

State of _____ County of _____

On this _____ day of _____, _____, personally appeared before me the said named person who executed the foregoing instrument and he/she acknowledges that he/she executed the same and being duly sworn by me, made oath that the statements in the above are true.

My Commission Expires:

Notary Public