



# Application for SDRS Enrollment

South Dakota Retirement System  
 PO Box 1098 Pierre, South Dakota 57501-1098  
 Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

**SDRS Form E-1**

| Member Information (Please print or type all items)  |   |   |   |                     |
|--|---|---|---|---------------------|
| Member's Social Security Number  | Last Name   | First   | MI  | Maiden              |
| Phone Number   | Street Address or PO Box  |   | City  | State      ZIP Code |
| Date of Birth  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married  |   |                     |
| Email Address  |   | In providing your email address you are granting SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS. |   |                     |
| Spouse Information   |   |   |   |                     |
| Spouse's Social Security Number<br><small>(if unknown, please leave blank)</small>   | Last Name   | First   | MI  | Maiden              |
| Date of Birth  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Date of Marriage  |   |                     |
| Name Your Beneficiary(ies)   |   |   |   |                     |
| <p>To name primary and contingent beneficiaries, you must complete SDRS Form E-5 "Beneficiary Designation" and file it with the SDRS office. Additionally, if you name minor children as beneficiaries, you may wish to appoint a custodian and successor custodian using SDRS Form E-5A "Transfer to Minor Form". These forms can be obtained from your employer, the SDRS website – <a href="http://www.sdrs.sd.gov">www.sdrs.sd.gov</a>, or the SDRS office.</p>  |   |   |   |                     |
| <p style="text-align: right;"><b>Additional SDRS forms to be completed:</b></p> <p><input type="checkbox"/> SDRS Form E-5 "Beneficiary Designation"</p> <p><input type="checkbox"/> If applicable, SDRS Form E-5A "Transfer to Minor Form"</p>   |   |   |   |                     |
| Optional Spouse Coverage (See back of form for details)  |   |   |   |                     |
| <p>Effective July 1, 2010, this coverage is closed to new enrollments.</p> <p>Eligibility to continue coverage is limited to members who elected coverage prior to July 1, 2010, and are currently covered by this optional protection. If an employee is currently participating in the optional spouse coverage and is changing employment without a break in SDRS credited service, the employee may elect to continue the optional spouse coverage by indicating continuation of coverage below:</p> <p><input type="checkbox"/> Member elects to continue Optional Spouse Coverage during new employment.</p> |   |   |   |                     |
| Member's Authorization and Signature   |   |   |   |                     |
| <p>I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.</p> <p>I authorize SDRS and my employer to exchange personnel and other records and information regarding my benefits as necessary, and specifically request that no information be otherwise released without authorization of law or my written authorization.</p> <p><b>Member's Signature</b> <span style="float: right;"><b>Date</b></span></p>  |   |   |   |                     |
| Authorized Agent's Signature (Completed and signed by Authorized Agent)  |   |   |   |                     |
| Six-Digit SDRS Employer Number   | Employer Name   |   | Phone Number  |                     |
| Title of Member Position   |   |   | Hire Date: Month/Day/Year   |                     |
| Date Member Participation Began  | Classification of Employee<br><input type="checkbox"/> Class A <input type="checkbox"/> Class B Public Safety <input type="checkbox"/> Class B Judicial |   | School and Regent Employees<br><input type="checkbox"/> Classified <input type="checkbox"/> Teacher/Administrator |                     |
| <p>If member has elected to continue Optional Spouse Coverage:<br/>         Our payroll unit has been notified to begin deducting the voluntary additional contributions beginning in _____.<br/> <span style="float: right;">Month/Year</span></p>  |   |   |   |                     |
| <b>Authorized Agent's Signature</b>  |   |   |   | <b>Date</b>         |

## Optional Spouse Coverage (SDCL 3-12-104)

Effective July 1, 2010, this coverage is closed to new enrollments.

Current employees who have elected to participate in the Optional Spouse Coverage prior to July 1, 2010, may continue to maintain this coverage when changing employment to another South Dakota public employer that participates in SDRS.

Any member of the system who elected eligible Optional Spouse Coverage prior to July 1, 2010, may continue the coverage during their covered employment as long as they maintain payment of the appropriate contributions. Upon discontinuing required payment of contributions and/or termination of covered employment, as defined in 3-12-47 (70), that results in a break in credited service, the Optional Spouse Coverage will be considered terminated and the member will have no future right to reelect or reinstate Optional Spouse Coverage.

In the event of a covered employee's death, the Optional Spouse Coverage will pay a monthly salary continuation benefit to the surviving spouse for the span of years not covered by the SDRS plan. The benefit payable equals 40 percent of the covered member's final average compensation. The benefit is payable from the time all eligible dependent children reach the age of 19 and continues until the surviving spouse reaches age 65.

The cost of the Optional Spouse Coverage for currently covered employees is 1.5 percent of salary (effective July 1, 2010). The cost of coverage will continue until the earliest of the following:

- Your spouse is no longer eligible for the benefit; or
- You or your spouse dies; or
- The termination of your marriage; or
- You terminate covered employment; or
- You elect to terminate the coverage by contacting your employer and/or SDRS.