



E-2A: Termination of Optional Spouse Coverage

South Dakota Retirement System
PO Box 1098, Pierre, SD 57501
Toll-Free: (888) 605-SDRS Fax: (605) 773-3949

Member Information (Please print or type all items)

Member's Social Security Number	Last Name	First	MI	Maiden
Phone Numbers		Email Addresses		
Primary: _____		Primary: _____		
Secondary: _____		Secondary: _____		
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.				

Termination of Optional Spouse Coverage for Currently Covered Members (Program closed to new enrollments effective July 1, 2010)

Optional Spouse Coverage is limited to members who elected coverage prior to July 1, 2010, and are currently covered by this optional program.

- I elect to terminate my participation in the Optional Spouse Coverage. My reason for ending coverage is:
- Spouse has attained age 65 Spouse has died Termination of Marriage Other

Authorized Agent: For Optional Spouse Coverage termination: Final contributions will be _____
Month/Day/Year

Member's Signature

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.

Member's Signature

Date

Authorized Agent's Signature

Date