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Request to Change to Higher Paying Option Due to Death

This form is strictly for members who retired under a Tier One/Tier Two Option 1 contingency option or an OPSRP Increase option to request a change to a higher paying option, also known as “popping up,” after the death of their named survivorship beneficiary.

- Tier One/Tier Two Option 1 contingency options: Option 2A, Lump-sum Option 2A, Option 3A, and Lump-sum Option 3A.
- OPSRP Increase options: Full Survivorship Increase Option and Half Survivorship.

Section A: Member information

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)		Country	Social Security number (optional)*
City	State	ZIP code	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Personal email

Section B: Member statement (Signature required, electronic and digital signatures are not accepted.)

By my signature below, I acknowledge that:

- At retirement, I selected an option that allows me to pop up to a higher paying option in the event my survivorship beneficiary dies before me; **or** I retired before October 3, 1989, and selected a survivorship option (any version of Options 2 or 3) and have reached age 80 or older.
- My survivorship beneficiary is deceased, and **I have submitted their long-form death certificate to PERS.** The death certificate must include the manner of death.
- **By submitting this form, I am requesting to change to the higher paying option.**
- The higher paying option is Option 1 for Tier One/Tier Two members and the Single Life Option for OPSRP members.
- **The higher paying option does not provide any death benefits. Once I’ve changed to the higher paying option, all benefits will end upon my death.**
- The change effective date is:
 - o The first of the month following my beneficiary's date of death, if my beneficiary died after December 31, 2005.
 - o The first of the month following receipt of a request to change to a higher paying option, if my beneficiary died before January 1, 2006.
- **OR**
 - o The later of the first of the month following my beneficiary’s date of death **or** when I reach age 80, if I retired before October 3, 1989.
- The change benefit is payable on the first day of the month following the effective date. If the payable date has already passed, I will receive a retroactive payment covering any months in which the payment amount should have been higher but was not yet adjusted.
- **This is a one-time, irreversible change to my benefit option.**

Member’s signature (do not print, must be a handwritten signature)

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.