



Election to Reduce Retirement Insurance

Member name: _____ PIN: _____

ELECTION TO REDUCE RETIREMENT INSURANCE

Please complete this section **ONLY** if you want to make one or both of the following elections. Indicate your election or elections with a checkmark.

- I hereby apply to reduce my life insurance to \$6,000 at retirement, or if I submit this form after retirement, as soon as possible.
- I hereby apply to cancel my dependents life insurance at retirement, or if I submit this form after retirement, as soon as possible.

This form is not valid unless signed and dated.

I acknowledge that I have read the information accompanying my retirement insurance estimate and understand that I can contact CSSB staff if I have any questions.

Member signature: _____ Date: _____