



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) (See back of form for Directions and Conditions)

Member's Social Security Number	Last Name	First	MI	Maiden
Telephone ()	Street Address or PO Box		City	State ZIP Code
Birthplace	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Email Address or Addresses (separated with a comma)				

Spouse Information

Spouse's Social Security Number	Last Name	First	MI	Maiden
Spouse's Birthplace	Date of Birth	Place of Marriage	Date of Marriage	

Naming Your Beneficiary

For your protection SDRS requests that you file a "SDRS Form E-5" to designate your primary and contingent beneficiaries. Please obtain this form from your employer or contact SDRS for assistance. (See back of form for additional information).

Optional Spouse Coverage (See back of form for Coverage Details)

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

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 designating their election, as follows:

I elect to continue Optional Spouse Coverage in my new employment

Release of Information and Member Signature

Authorization to Release Information 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.	
Member Signature	Date

Authorized Agent's Signature (To be Completed and Signed by Authorized Agent)

Employer	Phone Number
Title of Member Position	Hire Date: Month Day Year
Date Member Participation Began	Classification of Employee <input type="checkbox"/> Class A <input type="checkbox"/> Class B Public Safety <input type="checkbox"/> Class B Judicial
	School and Regent Employees <input type="checkbox"/> Classified <input type="checkbox"/> Teacher/Administrator
If Member Has Elected to Continue Optional Spouse Coverage I have notified our payroll unit to begin deducting the voluntary additional contributions beginning in _____ <div style="text-align: right;">Month/Year</div>	
Authorized Agent Signature	Date

Directions and Conditions

Naming Your Beneficiary:

Unless you file a separate beneficiary form, any lump-sum payment that may be payable at your death will be made in accordance with SDCL 3-12-110. Therefore, SDRS encourages you to complete a "SDRS Form E-5" to designate your primary and contingent beneficiaries. Your beneficiary designation will be effective when properly executed and accepted by SDRS. Please be advised that if two or more E-5 forms are accepted and on file with SDRS, the form with the most recent date will be considered in effect.

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

- A. Optional Spouse coverage is closed to new enrollments effective July 1, 2010.
- B. Current employees who have elected to participate in the Optional Spouse coverage prior to July 1, 2010, may continue to maintain this coverage, even if 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.

- C. 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 basic SDRS plan. The benefit payable equals 40 percent of the covered member's final average compensation. The benefit is payable from the time all your children reach the age of 19 and continues until the surviving spouse reaches age 65.
- D. 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 earlier of the following:
 - o Your spouse is no longer eligible for the benefit; or
 - o You or your spouse dies; or
 - o The termination of your marriage; or
 - o You terminated covered employment; or
 - o You elect to terminate the coverage by contacting your employer and/or SDRS.