

# APPLICATION FOR RETIREMENT BENEFITS

CO-898 Rev. 12/2019

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

## AGENCY INSTRUCTIONS

Forward original and two copies to Retirement Services Division. Agency should retain a copy and provide a copy to member.

**NOTE:** This application must be received by the Retirement Services Division prior to the effective retirement date.

- Attach
- (a) Two copies of form CO-744 "Choice of Health Services After Retirement"
  - (b) One copy of form CO-899, CO-900, CO-901, CO-902 "Income Payment Election" (based upon member's choice);
  - (c) Copy of member's birth certificate; If applicable, copy of spouse / annuitant birth certificate and a marriage certificate
  - (d) Copy of member's and spouse's Medicare Cards, (if applicable);
  - (e) If disability retirement: CO-649 "Disability Retirement Application-Medical Report"
  - (f) Copy of CO-1047 form "spouse waiver of monthly survivor benefit" form (if applicable)

Forward To: Retirement Services Division, 165 Capitol Avenue, Hartford, CT. 06106

PART I - APPLICATION IDENTIFICATION	APPLICANT'S NAME (Last)		First Name	Middle Initial	EMPLOYEE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	BARG. UNIT NO.							
	ADDRESS (Street No., Name, City, State, Zip Code)							PERSONAL EMAIL ADDRESS							
	AGENCY NAME			CORE-CT DEPT. ID	APPLICANT'S JOB TITLE		CORE-CT JOB CODE	SAL. GRP. & STEP							
	TYPE OF OPTION										DATE OF MARRIAGE				
	<input type="checkbox"/> 50% SPOUSE <input type="checkbox"/> 50% ANNUITANT <input type="checkbox"/> 100% ANNUITANT <input type="checkbox"/> 10 YR. CERTAIN <input type="checkbox"/> 20 YR. CERTAIN <input type="checkbox"/> LIFETIME ONLY														
TIER	RETIREMENT PLAN (Tier 1 Only)			Is applicant in process of conversion or purchase of service credit?		NOTE: If "Yes" no credit will be given unless payment is completed.									
	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> YES <input type="checkbox"/> NO											
TYPE OF RETIREMENT															
<input type="checkbox"/> HAZARDOUS DUTY			<input type="checkbox"/> SERVICE (minimum of 25 Years service)		<input type="checkbox"/> VOLUNTARY (less than 25 Years service)		<input type="checkbox"/> VESTED RIGHTS age 55 (minimum of 10 Years service & under retirement age at termination)								
<input type="checkbox"/> VESTED RIGHTS AGE 65 (minimum 5 years actual service & under retirement age at termination)			<input type="checkbox"/> HYBRID		<input type="checkbox"/> PRE-RETIREMENT DEATH BENEFITS (attach death certificate)		<input type="checkbox"/> OTHER (specify) _____								
<input type="checkbox"/> DISABILITY (Non-Service Connected)			<input type="checkbox"/> DISABILITY * (Service Connected)												
I wish to receive a non-disability retirement pending the action on my disability retirement application				<input type="checkbox"/> YES <input type="checkbox"/> NO		*If service-connected disability retirement denied, but non-service connected disability retirement approved, I wish to receive the non-service connected disability retirement.									
				<input type="checkbox"/> YES <input type="checkbox"/> NO											
PART II - SERVICE RECORD	AGENCY NAME/DESCRIPTION OF PURCHASED CREDIT AND ADDITIONAL CREDIT List chronologically (Provide separate listings of types of leaves of absence without pay and Workers Compensation, if applicable)				DATES OF SERVICE		Vesting Periods of non-employment less than 1 year			LENGTH OF CREDITED SERVICE			PLEASE CHECK		
					FROM	TO	YRS.	MOS.	DAYS	YRS.	MOS.	DAYS	FT	PT	% OR hours worked
					TOTALS										
ADD ACCRUED VACATION	NO. OF DAYS	SUB-TOTAL		HOLIDAYS FALLING WITHIN ACCRUED VACATION PERIOD (NO.)		SUM TOTALS OF VESTING & CREDITED									
		X 1.4 =		+		=									
SUB-TOTAL OF CREDITED SERVICE															
LESS TOTAL LEAVE WITHOUT PAY															
TOTAL SERVICE															

APPLICANT'S NAME (Last)	First Name	Middle Initial	AGE AT RETIREMENT	TOTAL CREDITED SERVICE (YRS. - Mos.)
-------------------------	------------	----------------	-------------------	--------------------------------------

TYPE OF OPTION (Specify)	OPTIONEE'S DATE OF BIRTH	(Retirement Services Division Use Only)
--------------------------	--------------------------	---

LINE	DATES		SALARY (Incl. shift differential longevity & other earnings)	OVERTIME & HOLIDAY PAY	TOTAL EARNINGS FOR EACH PERIOD	
	FROM (Month, Day & Yr)	TO (Month, Day & Yr)				
1						
2						
3						
4						
NOTES						
5	<b>TOTAL EARNINGS FOR 3-YEAR PERIOD</b> (Add lines 1 thru 4)					
6	<b>ADD</b>	ACCRUED VACATION DAYS	ACTUAL NUMBER OF DAYS	DAILY RATE AT TERMINATION	AMOUNT DUE	
				X	=	
7	<b>ADD</b>	ACCRUED LONGEVITY	PERCENTAGE OF DAYS DUE	SEMI-ANNUAL RATE AT TERMINATION	AMOUNT DUE	ENTER TOTAL AMOUNT DUE
				X	=	
8	<b>SUB-TOTAL</b> (Line 5 plus Line 7)					
9	<b>SUBTRACT</b>	ACCRUED VACATION	ACTUAL NUMBER OF DAYS	LOWEST DAILY RATE OF 3-YEAR PERIOD	ADJUSTMENT AMOUNT	ENTER TOTAL ADJ. AMOUNT
				X	=	
10	<b>ADJUSTED TOTAL EARNINGS FOR 3 YEARS</b> (Line 8 minus Line 9)					
11	<b>AVERAGE EARNINGS FOR 3-YEAR PERIOD</b> (One-third of line 10)					
12	<b>IF APPLYING FOR DISABILITY</b> (Enter current yearly rate of pay)					

EFFECTIVE RETIREMENT DATE	APPLICANT'S SIGNATURE	DATE
---------------------------	-----------------------	------

**AGENCY CERTIFICATION: I hereby certify that all the information on this application is correct.**

AUTHORIZED AGENCY SIGNATURE	TITLE	DATE
AGENCY CONTACT (PRINT NAME)		AGENCY CONTACT TELEPHONE NUMBER

PART III - EARNINGS FOR THREE HIGHEST PAID YEARS OF STATE SERVICE