

APPLICATION FOR RETIREMENT BENEFITS PROBATE JUDGES & EMPLOYEES RETIREMENT SYSTEM

CO-898P Rev. 12/2019

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

INSTRUCTIONS: Forward original to Retirement Services Division and retain one copy for member.

- 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 applying for disability retirement: one copy of form 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	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH
	ADDRESS (Street No., Name, City, State, Zip Code)				PERSONAL EMAIL ADDRESS	
	PROBATE COURT DISTRICT					
	TYPE OF OPTION <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					
PART II - SERVICE RECORD	TYPE OF RETIREMENT		<input type="checkbox"/> SERVICE (minimum of 10 Years service) <input type="checkbox"/> MANDATORY (age 70) <input type="checkbox"/> VESTED RIGHTS (minimum of 10 Years service & under retirement age at termination) <input type="checkbox"/> VESTED RIGHTS under PA 09-114			
	<input type="checkbox"/> PRE-RETIREMENT DEATH BENEFITS (attach death certificate)		<input type="checkbox"/> DISABILITY (minimum 10 years of service)			
	I wish to receive a non-disability retirement pending the action on my disability retirement application <input type="checkbox"/> YES <input type="checkbox"/> NO					
PROBATE COURT DISTRICT/DESCRIPTION OF PURCHASED SERVICE		DATES OF SERVICE		LENGTH OF CREDITED SERVICE		
List chronologically		FROM	TO	YRS.	MOS.	DAYS
TOTAL CREDITED SERVICE						

APPLICANT'S NAME (Last)	First Name	M.I.	AGE AT RETIREMENT	TOTAL CREDITED SERVICE (YRS. - Mos.)
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TYPE OF OPTION (Specify)	OPTIONEE'S DATE OF BIRTH
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LINE	CALENDAR YEAR	DATES		TOTAL EARNINGS FOR EACH PERIOD	
		FROM (Month, Day & Yr)	TO (Month, Day & Yr)		
1					
2					
3					
4					
NOTES					
5				TOTAL EARNINGS FOR 3-YEAR PERIOD (Add lines 1 thru 4)	
6				AVERAGE EARNINGS FOR 3-YEAR PERIOD (One-third of line 5))	

EFFECTIVE RETIREMENT DATE	APPLICANT'S SIGNATURE	DATE
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RETIREMENT SERVICES DIVISION CERTIFICATION: I hereby certify that all the information on this application is correct.

AUTHORIZED SIGNATURE	TITLE	DATE
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