

# APPLICATION FOR ALTERNATE RETIREMENT PROGRAM RETIREMENT BENEFITS

CO-898a 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 "Health Services Coverage and Rates After Retirement";  
(b) Copy of member's birth certificate; If applicable, copy of spouse / annuitant birth certificate and a marriage certificate  
(c) Copy of member's and spouse's Medicare Cards, (if applicable);

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

<b>PART I - APPLICATION INFORMATION</b>	APPLICANT'S NAME (Last)		First Name	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	
	ADDRESS (Street No., Name, City, State, Zip Code)						BARG. UNIT NO.	
	AGENCY NAME		CORE-CT DEPT. ID	APPLICANT'S JOB TITLE		CORE-CT JOB CODE	SAL. GRP. & STEP	
	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	DATE OF MARRIAGE			PERSONAL EMAIL ADDRESS			
	<b>TYPE OF RETIREMENT</b> <input type="checkbox"/> NORMAL <input type="checkbox"/> VESTED RIGHTS AGE 55 (minimum of 10 years participation & under retirement age at termination) <input type="checkbox"/> PRE-RETIREMENT DEATH BENEFITS (attach death certificate) <input type="checkbox"/> DISABILITY (Non-Service Connected)							

<b>PART II - SERVICE RECORD</b>	AGENCY NAME List chronologically (Provide separate listings of types of leaves of absence without pay and Workers Compensation, if applicable)		DATES OF SERVICE FROM                      TO		Vesting Periods of non-employment less than 1 year YRS.    MOS.    DAYS			LENGTH OF CREDITED SERVICE YRS.    MOS.    DAYS			PLEASE CHECK FT    PT    % OR hours worked	
											<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	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											
	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		