

APPLICATION FOR MERS RETIREMENT BENEFITS

PART I - GENERAL EMPLOYER INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

If you have any questions prior to helping your employee fill out this form, please call the Customer Service Unit at (860) 702-3480 or visit our website at <http://www.osc.ct.gov/rbsd/cmers/muniretire.htm> for additional information. Tax withholding forms and electronic funds transfer forms are available on our website. You must attach the following documents to this application.

- (a) The original "Income payment election" (Option A, B, C, or D based upon member's choice).
- (b) Copy of member's birth certificate and if applicable, a copy of spouse's or contingent annuitant's birth certificate.
- (c) As applicable, a Certification of Marital Status or a Spouse Waiver of Survivor Benefit and/or a Marriage Certificate.

Please mail the original of this application with **all** of the above attachments to: Retirement Services Division, 165 Capitol Avenue, Hartford, CT 06106 at least thirty (30) calendar days prior to the effective date of retirement.

PART II - APPLICANT INFORMATION AND IDENTIFICATION

APPLICANT'S NAME: (Last, First, M.I.)			SOCIAL SECURITY NO.
EMAIL ADDRESS			MEMBER ID
HOME ADDRESS			HOME NUMBER (INCLUDE AREA CODE)
LAST DAY OF ACTIVE EMPLOYMENT			DATE OF BIRTH
MUNICIPAL EMPLOYER			DATE OF HIRE
APPLICANT'S JOB TITLE			DATE OF RETIREMENT
TYPE OF OPTION ELECTION			
<input type="checkbox"/> 50% SPOUSE <input type="checkbox"/> 50% ANNUITANT <input type="checkbox"/> 100% SPOUSE OR ANNUITANT <input type="checkbox"/> 10 YR. CERTAIN <input type="checkbox"/> 20 YR. CERTAIN <input type="checkbox"/> LIFETIME ONLY			

TYPE OF RETIREMENT (Check one only):

- SERVICE**
(AGE 55 with 5 years of continuous service,
15 non-continuous OR 25 YEARS SERVICE)
- EARLY**
(reduced benefit: any age
with 5 years of continuous service)
- PRE-RETIREMENT DEATH BENEFIT**
(attach death certificate)
- DISABILITY**
(SERVICE CONNECTED)
- DISABILITY**
(NON- SERVICE CONNECTED, 10 years of service)
- VESTED RIGHTS**

Please also check the applicable boxes.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. If you applied for a service connected disability retirement benefit and it is denied, if you are eligible for one, do you wish to receive the non-service connected disability retirement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you are eligible, do you wish to receive a retirement benefit pending the outcome of your disability retirement application? | <input type="checkbox"/> | <input type="checkbox"/> |

PART III - EARNINGS DUE TO RETROACTIVE PAYMENTS

Retroactive payments are retroactive salary increases or retroactive annual increments pursuant to a collective bargaining agreement as the result of an arbitration award. These amounts are subject to CMERS contributions. Please list any such payments that were for a period that could be in one of the member's "high three" years of earnings. **IMPORTANT NOTE:** Do not include **ANY** lump sum reimbursements for accrued sick or vacation time, settlement awards, severance pay or monies contributed to an employee's defined contribution or deferred compensation plan in your calculation of "earnings" under this category. These sums are not to be included in the computation of a member's retirement benefit and contributions should not be made on these monies.

Amount Lump Sum Payment	Date of Payment	Dates Payment Applies to		Purpose
		From	To	

PART IV - LEAVES OF ABSENCE (UNPAID)

Provide separate and chronological listings of types of leaves of absences without pay and workers' compensation leaves if applicable	Dates of Leave		Type of Leave (specify)
	From	To	

PART V - SIGNATURES

I acknowledge that prior to signing my application for retirement benefits I had the opportunity to ask questions and obtain additional information with regard to my retirement. I understand that if I contributed to CMERS as well as Social Security, my CMERS retirement benefit is reduced when I am eligible for Social Security (age 62) or earlier if I receive a Social Security disability benefit and that I **must** inform CMERS if I receive a social security disability award prior to the age of 62. I understand that failure to notify CMERS of such an award will result in an overpayment being made to me and CMERS will recover this overpayment from me through the monthly pension payment.

EFFECTIVE RETIREMENT DATE	APPLICANT'S SIGNATURE	DATE
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On behalf of the employer, I hereby certify that all the information on the application is correct.

AUTHORIZED EMPLOYER SIGNATURE	TITLE	DATE
EMPLOYER CONTACT (PRINT NAME)	EMPLOYER CONTACT TELEPHONE NUMBER	EMPLOYER CONTACT EMAIL ADDRESS