

APPLICATION FOR SERS RETIREMENT BENEFITS

CO-898 Rev. 03/2024

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

INSTRUCTIONS:

- The following forms/documents must accompany the CO-898 form: Applicable "Income Payment Election form"; Retiree's Birth Certificate and Marriage Certificate if applicable; Contingent Annuitant's birth certificate if applicable; CO-1047 (not required if married and the spouse was designated as the contingent annuitant).
- If applying for a Disability retirement, the CO-649 is required.
- Please provide separate records for leaves of absence without pay and workers compensation.
- The CO-744 is required to obtain retiree health insurance. If applicable, copies of Medicare cards are required.
- Submit all forms and documents to the following address: 165 Capitol Avenue, Hartford, CT 06106

PART I - APPLICATION INFORMATION

APPLICANT'S LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	TIER	RETIREMENT DATE
ADDRESS (Street No., Name, City, State, Zip Code)					BIRTH DATE
AGENCY NAME	DEPT ID	APPLICANT'S JOB TITLE			JOB CODE
TYPE OF OPTION A 50% SPOUSE B 50% SURVIVOR B 100% SURVIVOR C 10 YR CERTAIN C 20 YR CERTAIN D STRAIGHT LIFE ANNUITY					
PHONE NUMBER (Home or Cell)			PERSONAL EMAIL ADDRESS		
TYPE OF RETIREMENT NORMAL (UNREDUCED: Age and service requirements to receive a "Normal" benefit have been met) GRANDFATHERED (IF YES, CHECK THE BOX) EARLY (REDUCED: Age and service requirements to receive a "Normal" benefit <u>have not</u> been met) HAZARDOUS DUTY VESTED RIGHTS PRE-RETIREMENT DEATH HYBRID CASH-OUT (Hybrid members who elect not to receive a monthly pension) OTHER					
DISABILITY RETIREMENT DISABILITY NON-SERVICE CONNECTED DISABILITY SERVICE CONNECTED IF THE SERVICE CONNECTED RETIREMENT IS DENIED, I WILL ACCEPT A NON-SERVICE CONNECTED RETIREMENT I AM ELECTING TO RECEIVE MY STATUTORY PENSION PENDING THE DECISION ON MY DISABILITY APPLICATION					

PART II - SERVICE RECORD

AGENCY NAME (CHRONOLOGICAL ORDER)	SERVICE DATES		EMPLOYMENT STATUS			VESTING SERVICE			CREDITED SERVICE		
	FROM	TO	FT	PT	INDICATE % IF PART TIME	YRS.	MOS.	DAYS	YRS.	MOS.	DAYS
TOTAL SERVICE:											
ACCRUED VAC DAYS	x 1.4 =		+ HOL WITHIN ACCRUED VAC PERIOD =								
SUB-TOTAL SERVICE:											
LESS TOTAL LEAVE WITHOUT PAY:											
TOTAL SERVICE:											

PART III - EARNINGS (3 HIGHEST YEARS - TIER 2 & 2A; 5 HIGHEST YEARS - TIER 3 & 4)	APPLICANT'S NAME (Last, First, Middle Initial)						AGE AT RETIREMENT
	FROM (Month, Day & Yr)	DATES TO (Month, Day & Yr)	SALARY (Incl. shift differential longevity & other earnings)	OVERTIME PAY	130% CAP	150% CAP	TOTAL EARNINGS FOR EACH PERIOD
	TOTAL EARNINGS						
PART IV - ADJUSTMENTS TO EARNINGS	ACCRUED VACATION DAYS						x DAILY RATE @ TERMINATION =
	ACCRUED LONGEVITY: % OF DAYS DUE						x SEMI-ANNUAL RATE @ TERMINATION =
							SUB-TOTAL
	ACCRUED VAC DAYS		x LOWEST DAILY RATE OF THE HIGH YEARS			(MINUS) =	
	ACCRUED VAC DAYS		x LOWEST DAILY RATE OF THE HIGH YEARS			(MINUS) =	
	ACCRUED VAC DAYS		x LOWEST DAILY RATE OF THE HIGH YEARS			(MINUS) =	
							TOTAL ADJUSTED EARNINGS
PART V - FINAL AVERAGE EARNINGS							
	FINAL AVERAGE EARNINGS FOR 3 or 5 YEAR PERIOD [(TOTAL EARNINGS + TOTAL ADJUSTED EARNINGS) divided by 3 or 5]						
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		