

APPLICATION FOR ALTERNATE RETIREMENT PROGRAM RETIREMENT BENEFITS

CO-898a Rev. 03/2023

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

AGENCY INSTRUCTIONS:

- This application must be received by the Retirement Services Division prior to the effective retirement date.
- Please include the following: CO-744 form; Applicable birth certificates (member and spouse/annuitant) and marriage certificate.
- Please include the Medicare cards for the member and spouse, if applicable.

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.	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	DATE OF MARRIAGE		PERSONAL EMAIL ADDRESS					
	S	M							
PART II - SERVICE RECORD	TYPE OF RETIREMENT								
	NORMAL	EARLY	VESTED RIGHTS AGE 55 (minimum of 10 years participation & under retirement age at termination)		VESTED RIGHTS AGE 58 (Hired after 7/1/2011)		PRE-RETIREMENT DEATH BENEFITS (attach death certificate)		DISABILITY (collecting LTD)

PART II - SERVICE RECORD	AGENCY NAME List chronologically (Provide separate listings of types of leaves of absence without pay and Workers Compensation, if applicable)	DATES OF SERVICE		Retiree Health Service Eligibility		VESTING SERVICE			Please check FT or PT and provide % if Part-Time		
		FROM	TO	YES	NO	YRS.	MOS.	DAYS	FT	PT	
	SUBTOTALS										
	CONVERTED SUBTOTALS										
	SUBTRACT UNPAID LEAVE										
	TOTALS										

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	