

# 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 S      M		DATE OF MARRIAGE	PERSONAL EMAIL ADDRESS							
	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)		
	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								