

**APPLICATION FOR MERS RETIREMENT BENEFITS  
PART B - Social Security Coverage**

**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 MERS Unit at (860) 702-3500 or visit our website at <http://www.osc.state.ct.us/rbsd/cmers/index.html> for additional information. 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: The MERS Unit, Retirement Services Division, 55 Elm Street, Hartford, CT 06016 at least thirty (30) calendar days prior to the effective date of retirement.

**PART II - APPLICANT INFORMATION AND IDENTIFICATION**

APPLICANT'S NAME	SOCIAL SECURITY NO.
HOME ADDRESS	HOME NUMBER (INCLUDE AREA CODE)
LAST DAY OF ACTIVE EMPLOYMENT	DATE OF BIRTH
MUNICIPALITY	DATE OF HIRE
APPLICANTS 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) :**
- |                                                                                                        |                                                                                                    |                                                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> SERVICE<br>(AGE 55 with 5 years of continuous service<br>OR 25 YEARS SERVICE) | <input type="checkbox"/> EARLY<br>(reduced benefit: any age<br>with 5 years of continuous service) | <input type="checkbox"/> PRE-RETIREMENT DEATH BENEFIT<br>(attach death certificate) |
| <input type="checkbox"/> DISABILITY<br>(SERVICE CONNECTED)                                             | <input type="checkbox"/> DISABILITY<br>(NON- SERVICE CONNECTED: 10 years of service)               | <input type="checkbox"/> VESTED RIGHTS                                              |

**PART III - EARNINGS DUE TO RETROACTIVE PAYMENTS (THREE HIGHEST YEARS)**

Retroactive payments are retroactive salary increases or retroactive annual increments pursuant to a collective bargaining agreement as the result of an arbitration award. Please list any such payments made during any one of the member's "high three" years. **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 - DISABILITY RETIREMENT APPLICATIONS ONLY**

If you are applying for a disability retirement benefit, please read this section very carefully. The determination of eligibility for disability retirement benefits is made by the Medical Examining Board (MEB) not MERS. The MEB will base its decision on the pertinent medical evidence **you** provide. When you apply for a disability benefit, you must be "permanently and totally disabled from engaging in any gainful employment in the service of the municipality" not just the job you currently hold. You must apply for the disability retirement benefit within one year after incurring the disability. All applications for a disability retirement benefit must also include the following information.

1. An executed CO-649 "Disability Retirement Application" and all medical records and reports from the date of injury to the present regarding the illness or injury that you claim renders you permanently and totally disabled from engaging in any gainful employment in the service of the municipality.
2. Your employer is to provide a copy of the job description for your current position and copies of job descriptions for any jobs which would have been immediately available to you and for which you are qualified based only on education and work experience without considering medical restrictions. If there are no such positions available the employer must indicate this in an Affidavit or notarized statement.
3. If your retirement application is for a service connected disability benefit (SCD), an executed "SCD Acknowledgement Form" (CO-1209) and a copy of the First Report of Injury and all applicable accident and workers compensation reports and documents must accompany your application. Your application for a SCD benefit will not be processed without this information. Workers compensation payments are an offset to a MERS service connected disability retirement benefit. You are required to notify MERS if you currently receive, or at any time in the future receive, workers compensation payments of any kind.

**Please also check the applicable boxes.**

- |                                                                                                                                                                                                | <b>Yes</b>               | <b>No</b>                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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"/> |
| 3. Have you applied for or currently receive social security disability benefits? If yes, attach a copy of your application or social security award letter.                                   | <input type="checkbox"/> | <input type="checkbox"/> |

**PART VI - SIGNATURES**

I acknowledge that prior to signing my application for retirement benefits I had the opportunity to ask questions and obtain additional information from MERS staff with regard to my retirement. I understand that my MERS 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 MERS if I receive a social security disability award prior to the age of 62. I understand that failure to notify MERS of such an award will result in an overpayment being made to me and MERS will recoup this overpayment from me and/or my contingent annuitant.**

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	