

APPLICATION FOR MERS RETIREMENT BENEFITS
PART A - No 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.ct.gov/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 (Last, First, M.I.)			SOC. SEC. NUMBER	MEMBER ID
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
(AGE 55 with 5 years of continuous service OR 25 YEARS SERVICE) | <input type="checkbox"/> EARLY
(reduced benefit: any age with 5 years of continuous service) | <input type="checkbox"/> PRE-RETIREMENT DEATH BENEFIT
(attach death certificate) |
| <input type="checkbox"/> DISABILITY
(SERVICE CONNECTED) | <input type="checkbox"/> DISABILITY
(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 which includes information given to it by you, your employer and your medical providers. In addition to this Retirement Application, all applications for disability retirement must also include the following three Statements (forms) and requested documentation:

1. CO-1213 **Member's Statement - Application for Disability Retirement**
2. CO-1214 **Physician's Statement - Application for Disability Retirement**
3. CO-1215 **Employer's Statement - Application for Disability Retirement**

It is your responsibility to obtain and send MERS this information. You must apply and submit the required documentation for the disability retirement benefit within one year of your last day of active service with your employer otherwise your Application for Disability retirement will be rejected as untimely.

If the application is for a service connected disability, the application must also include an executed CO-1209, a copy of the "First Report of Injury" and all applicable accident and workers compensation documents and information. Workers compensation payments are an offset to a MERS service connected disability retirement benefit.

Members are required to notify MERS if they currently receive any workers' compensation payments or receive workers compensation payments at any time while collecting a service connected disability benefit.

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"/> |
| 3. Have you applied for or are currently receiving worker's compensation payments? | <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 benefit.

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	