

APPLICATION FOR RETIREMENT BENEFITS PROBATE JUDGES & EMPLOYEES RETIREMENT SYSTEM

CO-898P Revised 8/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

INSTRUCTIONS: Forward original to Retirement Services Division and retain one copy for member.

- Attach
- (a) Two copies of form CO-744 "Choice of Health Services After Retirement"
 - (b) One copy of form CO-899, CO-900, CO-901, CO-902 "Income Payment Election" (based upon member's choice);
 - (c) Copy of member's birth certificate; If applicable, copy of spouse / annuitant birth certificate and a marriage certificate
 - (d) Copy of member's and spouse's Medicare Cards, (if applicable);
 - (e) If applying for disability retirement: one copy of form CO-649 "Disability Retirement Application-Medical Report"
 - (f) Copy of CO-1047 form "spouse waiver of monthly survivor benefit" form (if applicable)

Forward To: Retirement Services Division, 55 Elm Street, Hartford, CT. 06106

PART I - APPLICATION IDENTIFICATION	APPLICANT'S NAME (Last)	First Name	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	
	ADDRESS (Street No., Name, City, State, Zip Code)				PERSONAL EMAIL ADDRESS		
	PROBATE COURT DISTRICT						
	TYPE OF OPTION <input type="checkbox"/> 50% SPOUSE <input type="checkbox"/> 50% ANNUITANT <input type="checkbox"/> 100% ANNUITANT <input type="checkbox"/> 10 YR. CERTAIN <input type="checkbox"/> 20 YR. CERTAIN <input type="checkbox"/> LIFETIME ONLY						DATE OF MARRIAGE
PART II - SERVICE RECORD	PROBATE COURT DISTRICT/DESCRIPTION OF PURCHASED SERVICE		DATES OF SERVICE		LENGTH OF CREDITED SERVICE		
	List chronologically		FROM	TO	YRS.	MOS.	DAYS
TOTAL CREDITED SERVICE							

APPLICANT'S NAME (Last)	First Name	M.I.	AGE AT RETIREMENT	TOTAL CREDITED SERVICE (YRS. - Mos.)
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TYPE OF OPTION (Specify)	OPTIONEE'S DATE OF BIRTH
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PART III - EARNINGS FOR THREE HIGHEST PAID YEARS OF STATE SERVICE	LINE	CALENDAR YEAR	DATES		TOTAL EARNINGS FOR EACH PERIOD
			FROM	TO	
			(Month, Day & Yr)	(Month, Day & Yr)	
	1				
	2				
	3				
4					
	NOTES				
5					TOTAL EARNINGS FOR 3-YEAR PERIOD (Add lines 1 thru 4)
6					AVERAGE EARNINGS FOR 3-YEAR PERIOD (One-third of line 5))

EFFECTIVE RETIREMENT DATE	APPLICANT'S SIGNATURE	DATE
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RETIREMENT SERVICES DIVISION CERTIFICATION: I hereby certify that all the information on this application is correct.

AUTHORIZED SIGNATURE	TITLE	DATE
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