

APPLICATION FOR ALTERNATE RETIREMENT PROGRAM RETIREMENT BENEFITS

CO-898a Rev. 8/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

AGENCY INSTRUCTIONS

Forward original and two copies to Retirement Services Division. Agency should retain a copy and provide a copy to member. **NOTE:** This application must be received by the Retirement Services Division prior to the effective retirement date.

- Attach (a) Two copies of form CO-744 "Health Services Coverage and Rates After Retirement";
 (b) Copy of member's birth certificate; If applicable, copy of spouse / annuitant birth certificate and a marriage certificate
 (c) Copy of member's and spouse's Medicare Cards, (if applicable);

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

PART I - APPLICATION INFORMATION	APPLICANT'S NAME (Last)		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 <input type="checkbox"/> S <input type="checkbox"/> M	DATE OF MARRIAGE			PERSONAL EMAIL ADDRESS		
	TYPE OF RETIREMENT <input type="checkbox"/> NORMAL <input type="checkbox"/> VESTED RIGHTS AGE 55 (minimum of 10 years participation & under retirement age at termination) <input type="checkbox"/> PRE-RETIREMENT DEATH BENEFITS (attach death certificate) <input type="checkbox"/> DISABILITY (Non-Service Connected)						

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 FROM TO		Vesting Periods of non-employment less than 1 year YRS. MOS. DAYS			LENGTH OF CREDITED SERVICE YRS. MOS. DAYS			PLEASE CHECK FT PT % OR hours worked	
											<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	TOTALS											
	ADD ACCRUED VACATION	NO. OF DAYS	SUB-TOTAL	HOLIDAYS FALLING WITHIN ACCRUED VACATION PERIOD (NO.)		SUM TOTALS OF VESTING & CREDITED						
		X 1.4 =		+		=						
	SUB-TOTAL OF CREDITED SERVICE											
	LESS TOTAL LEAVE WITHOUT PAY											
	TOTAL SERVICE											
	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	