

## RETIREMENT APPLICATION

Name	Employee #		Last 4 SSN#
Street Address	City, State, 7	<u>Z</u> ip	Last Day of Work
SignaturePhor		ber	Dept.
Please elect one of the following op	tions:		
	for the Lump Sum Elec	ction and Sp	tions, plus interest, refunded to me. NOTE ousal Acknowledgement Forms that must with this application.
I choose to receive a LIFE ONLY mon to the Retirement Office for your applic		of the follow	ing forms must be completed and returne
	orms (must be compl		✓ completed forms
Copy of Your Department Resi	<u> </u>	er 🧾	
Federal Tax Withholding Form		printer pri	1000
Direct Deposit (Must attach vo	ided check)	all the state of the	ar <sub>ea</sub>
Contribution Beneficiary	i j	hardle Age	un.
County Paid Group Term Life I		Man Man	
Additional Retiree Paid Group			
Survivorship (and Notarized S	pousal Acknowledgen	nent, if Marri	ed)
I choose to receive a JOINT LIFE / SU of your Marriage License AND Spou  During your employment, did you: (If you	se's Birth Certificate.	Failure to incl	
Join a Union as part of your Employment?	1	No Yes V	Which one?
Have an <u>unpaid</u> leave of Absence or curre	ntly on FMLA?	lo Yes	Approximate Dates
Purchase 6-month Waiver or Previous Ser	vice?	lo Yes	Approximate Date of Purchase
Perform Active Military Service and apply f	or Service Credit?	lo Yes	Approximate Dates
Purchase Previous Military Service?	1	lo Yes	Approximate Dates
Receiver Worker's Comp Claim and made	Contributions?	lo Yes	Approximate Dates

## NOTE:

- All paperwork must be received by the end of the month in which your final employer paycheck is issued and is subject to proper department notification for timely processing. Benefits are subject to Retirement Board approval.
- Your first benefit payment is retroactive to the day after your last day worked; your last pay or date of termination; whichever is
  later. Your first pension check is processed the month after your final employer paycheck.