



# Retirement Application

For Public School Employees

MEMBER'S NAME (LAST, FIRST, M.I.)	SSN OR MEMBER ID	DAYTIME TELEPHONE ( )
MAILING ADDRESS	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY, STATE, ZIP CODE	JOB TITLE	

Congratulations! This application is the first step in your retirement process. Complete the information above, then go to the instructions and read each section's information while you complete the corresponding section of this application.

## Section I: Retirement Information

**Employment Status (check one):**  I am currently employed by a Michigan public school  
 I am Deferred (previously terminated my Michigan public school employment)

**Current Public School Employer(s):** \_\_\_\_\_

You must terminate ALL public school employment before your retirement effective date listed below.

**Termination Date:** This is when your employee/employer relationship officially ends. It may or may not be the same as your last day worked and you may receive a paycheck after this date.

I terminated or plan to terminate all public school employment on: \_\_\_\_\_, 20\_\_\_\_

**Application for Retirement:** Indicate the retirement type under which you are retiring. (Check only one.)

MIP age 46 with 30 years     MIP age 60 with 10 years     MIP age 60 with 5 years  
 Basic age 55 with 30 years     Basic age 60 with 10 years     Early Reduced     Deferred

**Retirement Effective Date:** This is the first day of the month following the month in which you have satisfied the age and service eligibility requirements and you have terminated all Michigan public school employment (*see Termination Date above*), including all employment creditable under this retirement act.

My retirement effective date is the first of \_\_\_\_\_, 20\_\_\_\_

## Section II: Account Status

**Service Credit Purchases:** Please mark all that are appropriate

I have an existing Tax Deferred Purchase (TDP) agreement. It will be paid in full before I terminate.  NO  YES

I have a current Member Billing Statement and plan to purchase \_\_\_\_\_ years of that service before terminating.

**Additional Purchases:**  I plan to purchase \_\_\_\_\_ additional years of service (beyond what has been billed) using \_\_\_\_ Tax-Deferred Payment (TDP) \_\_\_\_ plan-to-plan transfer \_\_\_\_ cash/check. I understand I must contact ORS to request the necessary billing statement. To receive credit for any service credit purchases, ORS must receive all payments (other than payroll deductions) BEFORE I terminate employment.

**Workers' Compensation:** I have previously received Workers' Compensation.  NO  YES  
 If YES, list all the years you received Workers' Compensation. \_\_\_\_\_

**Previous or Pending Divorce(s):** As the result of a divorce, I have an acceptable Eligible Domestic Relations Order (EDRO) on file with ORS (before my retirement effective date), which divides my pension benefit.  NO  YES



Name: \_\_\_\_\_

SSN or Member ID: \_\_\_\_\_

ORS Public School Employees  
Retirement Application (continued)

**Section III: Election of Pension Option and Beneficiary**

No corrections or visible erasures are allowed below. If you make a mistake, go to [www.michigan.gov/ORSschools](http://www.michigan.gov/ORSschools), select Forms and Publications, open the *Application for Retirement (R0009C)* and print page 2, or contact ORS.

**A. Pension Option:** Select one. Your pension option selection is irrevocable on or after your retirement effective date.

Straight Life       100% Survivor       75% Survivor       50% Survivor

**Equated Option:** Check here to combine the Equated Plan with the above pension option. You will receive a larger pension until age 62 when it will be permanently reduced. Enclose a Social Security estimate with this application.

**B. Beneficiary Designation:** If you selected a survivor pension option above, you MUST name an eligible beneficiary. If you selected a straight life option, this beneficiary will receive a one-time refund of contributions, if any, at your death.

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Beneficiary's SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

**C. Marital Status:** Are you married?  NO  YES If NO, go to Section E and write NONE in the spouse's signature, then sign at the bottom. If YES, complete Section D to determine if your spouse needs to sign this form.

**D. Spousal Authorization Requirement:** Answer these questions to see if your spouse needs to sign in Section E.

- 1. Is your spouse named as beneficiary?  NO  YES If NO, spouse must sign in Section E. If YES, go to 2.
- 2. Did you select 100% Survivor?  NO  YES If NO, spouse must sign in Section E. If YES, signature isn't needed.

**E. Certification**  Signatures must be notarized below. Do not sign until you are before a Notary Public.

**Spousal Authorization of Option Election:** *I understand by law I am automatically my spouse's 100% survivor. However, by my signature below, I authorize my spouse to elect either a 75% or 50% Survivor pension option.*  
*If my spouse instead elected a Straight Life or Straight Life Equated pension option or has named someone else as the beneficiary above, I understand, by this authorization, I relinquish all rights to any survivor benefits.*  
Spouse's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Applicant's Certification:** *I certify I am electing the pension option indicated above. I understand the provisions of that option. If I qualify only for the Early Reduced retirement provision, I agree to a permanent pension reduction of one-half of one percent for each month I take my pension before age 60.*  
*If I am married, I understand my spouse is automatically my retirement pension beneficiary, unless my spouse, by written signature, relinquishes the automatic benefit in favor of another eligible beneficiary, or agrees I may elect Straight Life or Straight Life Equated.*  
**I understand my pension option choice and beneficiary nomination are final and irrevocable on or after my retirement effective date.**  
*By my signature below I also authorize the selections made in the following Federal Income Tax Withholding Authorization and my designation(s) for Electronic Funds Transfer. By using EFT, I authorize ORS to recover money electronically deposited in my account(s) in error, either by adjusting the account(s) or withholding any future payments. I understand I will be notified in writing if adjustments are made.*  
Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Spouse's Signature Notarization	Applicant's Signature Notarization
Notary Public: Subscribed and sworn to before me this _____ day of _____, _____	Notary Public: Subscribed and sworn to before me this _____ day of _____, _____
County of _____, State of _____	County of _____, State of _____
My commission expires _____, _____	My commission expires _____, _____
Notary Signature _____	Notary Signature _____

Name: \_\_\_\_\_  
 SSN or Member ID: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**ORS Public School Employees  
 Retirement Application (continued)**

OFFICE USE ONLY		
EFFECTIVE DATE		
H	/	/
DV	/	/

**Section IV: Insurance Options (Must complete even if declining insurances.)**

Refer to the instructions for insurance eligibility details and conditions that might delay your insurance premium subsidy if you make a service credit purchase after July 1, 2008.

**A. Decline or Enroll Options**

If you are declining coverage at this time, check the DECLINE box(es) below. Then sign in Section E.

If enrolling, please check the "enroll" box for the provider you are selecting. You can select from either BCBSM or an HMO for your health care coverage. Indicate the date when you want each insurance to be effective. Effective dates are always the first of the month.

	ENROLL	DECLINE	EFFECTIVE DATE	CHECK THE APPROPRIATE BOX(ES) FOR WHO IS TO BE COVERED.
BCBSM	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<input type="checkbox"/> SELF <input type="checkbox"/> SELF & SPOUSE <input type="checkbox"/> SELF & CHILD(REN) <input type="checkbox"/> FULL FAMILY <input type="checkbox"/> PARENT
HMO	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<b>Please obtain and enclose completed HMO application.</b>
DENTAL/VISION	<input type="checkbox"/>	<input type="checkbox"/>	/01/	<input type="checkbox"/> SELF <input type="checkbox"/> SELF & SPOUSE <input type="checkbox"/> SELF & CHILD(REN) <input type="checkbox"/> FULL FAMILY <input type="checkbox"/> PARENT

**B. Enrollment Data (For you and family members you are covering.)**

Complete the following information for you and all covered dependents. Attach additional pages if necessary. Report Medicare information below for anyone covered by your insurance plan(s). **You must submit proof(s) of dependency or age for each enrolled dependent.** See Final Steps in the instructions for what proofs to include with this application.

Enrollee Name (Last, First, Middle)	Medicare # or Social Security #	Effective Dates On Medicare Card		Sex (M/F)	Birth Date (Mo/Day/Yr)
		Hospital—Part A	Medical—Part B		
SELF					
SPOUSE					
CHILD					
CHILD					
PARENT					

**C. Dual Insurance Coverage**

Is your spouse a retiree of the Michigan Public School Employees Retirement System?     NO     YES  
 If YES, you and your spouse will be covered under a single contract. Please provide your spouse's social security number if it is not listed above. \_\_\_\_\_

**D. Other Insurance Data (Complete when your dependents have other insurance coverage.)**

You must report any other group insurance coverage for anyone on your insurance plan(s) **as of your effective date of retirement.** Complete the following and indicate who is covered by the policy. Attach additional pages if necessary.

NAME OF OTHER INSURANCE COVERAGE (INCLUDING MEDICARE)	POLICY HOLDER'S NAME (LAST, FIRST, MIDDLE)
POLICY #	TYPE OF COVERAGE: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> DRUG <input type="checkbox"/> VISION
WHO IS COVERED? (CHECK ALL THAT APPLY) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ALL CHILDREN <input type="checkbox"/> CHILD (NAME) _____ <input type="checkbox"/> PARENT	
NAME OF OTHER INSURANCE COVERAGE (INCLUDING MEDICARE)	POLICY HOLDER'S NAME (LAST, FIRST, MIDDLE)
POLICY #	TYPE OF COVERAGE: <input type="checkbox"/> HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> DRUG <input type="checkbox"/> VISION
WHO IS COVERED? (CHECK ALL THAT APPLY) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ALL CHILDREN <input type="checkbox"/> CHILD (NAME) _____ <input type="checkbox"/> PARENT	

**E: Certification (Signature is required even if declining insurance coverage.)**

I certify that the above information is correct to the best of my knowledge and belief. If I am enrolling in insurances, by my signature below I also agree to the conditions of enrollment specified in this form's instructions.

APPLICANT'S SIGNATURE	HOME TELEPHONE NUMBER (    )	DATE SIGNED
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Name: \_\_\_\_\_

SSN or Member ID: \_\_\_\_\_

*ORS Public School Employees  
Retirement Application (continued)*

**Section V: Federal Income Tax Withholding Authorization**

Please complete all applicable boxes below. This authorization is effective with your first pension payment and will continue until you file a new form. If you do not complete this section, ORS must withhold federal income taxes as if you are married claiming three withholding allowances.

1. Check here if you do not want any federal income tax withheld from your monthly pension. (Do not complete lines 2, 3, or 4.)	<input type="checkbox"/>
2. Total number of allowances you are claiming for withholding from each monthly pension payment. (You may also designate an additional dollar amount on line 4.).....	(Enter allowances.) _____
3. What marital status do you want used for withholding? ( <b>Required</b> )	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate.
4. Dollar amount, if any, you want withheld from each pension payment <b>in addition to your standard withholding amount</b> . You cannot request just a flat dollar amount. You must enter a number (including 0) of allowances on line 2 first. ....	\$ _____

**Section VI: Enrolling in EFT (Direct Deposit) (You must complete this section.)**

**EFT Financial Institution and Account Designation**

You can have your pension payment sent electronically to one or two accounts, either at the same or different financial institutions. Provide all of the information requested below. Refer to the instructions if you have questions.

NAME OF FINANCIAL INSTITUTION #1		INSTITUTION'S TELEPHONE NUMBER (    )
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CITY, STATE, ZIP		INSTITUTION #1 PENSION AMOUNT _____ % <b>OR</b> \$ _____
BANK ROUTING NUMBER ( <b>MUST START WITH 0, 1, 2, OR 3</b> )	ACCOUNT NUMBER	
NAME OF FINANCIAL INSTITUTION #2 (If this is the same as Institution #1, write "SAME" below.)		INSTITUTION'S TELEPHONE NUMBER (    )
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
CITY, STATE, ZIP		INSTITUTION #2 PENSION AMOUNT <b>Balance of Pension</b>
BANK ROUTING NUMBER ( <b>MUST START WITH 0, 1, 2, OR 3</b> )	ACCOUNT NUMBER	

*By submitting this completed form, I authorize ORS to deposit my net monthly pension by EFT into the designated financial institution(s) and account(s). This authorization remains in effect until canceled by: a) me; b) my death or legal incapacity; c) the financial institution; or d) the state of Michigan.*

**Finalizing Your Application**

Go to the Final Steps section on the last page of the instructions. Go through each item on the checklist to verify you have completed all parts of your application.

***If any part of this application is incomplete, or all required documents are not enclosed with your application, your entire application will be returned to you.*** This could delay your first pension payment and/or the effective date of your insurances.



# Retirement Application Instructions

For Retiring Public School Employees

## Pre-Application Steps

### 3–6 Months Before Your Retirement Effective Date

Review any pending service credit purchases or new purchases you plan to make. ORS must receive payment in full before you terminate to receive credit for retirement.

Submit your completed retirement application and all required documentation and proofs to ORS.

### 0–3 Months Before Your Retirement Effective Date

Notify your personnel office of your intention to retire. If you are working for multiple schools, you must terminate employment with all public school employers.

**If you decide to cancel your application, notify ORS in writing before your retirement effective date.**

## The Application—Section I: Retirement Information

### Retirement Eligibility

Proceed through each of the sections answering all applicable questions. Refer to the *Retirement Readiness* book for more information where indicated.

### Employer Information

List your current employer. If you have worked for more than one public school employer in the last 12 months, list each of your employers. Make sure you officially terminate employment with each employer.

### Application for Retirement

Each of the retirement types are described below. See *Retirement Readiness* for more information.

**Full Retirement.** The following active members qualify for full, unreduced retirement. NOTE: If you work less than 0.1 of a year in each of the last 5 years or less than 0.5 in each of the last 2 years, you may not qualify for a full insurance premium subsidy. See Your Insurance Benefits in *Retirement Readiness* for details.

MIP (Member Investment Plan) member, at least age 46, with at least 30 years of service (YOS).

MIP member, at least 60, with at least 10 YOS.

MIP member, at least 60, with at least 5 YOS.

(Additional requirements apply. See *Retirement Readiness* for further information.)

Basic Plan member, at least 55, with at least 30 YOS.

Basic Plan member, at least 60, with at least 10 YOS.

**Early Reduced Retirement.** If you are an active member but do not meet the requirements for full retirement, you may qualify for an early reduced retirement. You must be at least 55 and have 15 but less than 30 YOS.

Your pension amount is permanently reduced by one-half of one percent for each month you take your pension before age 60 (6 percent per year).

**Deferred Retirement.** If you left public school employment after you were vested but before you were old enough to draw your pension, you are eligible for pension benefits at 60 (or at 55 if you have 30 YOS). Your pension is calculated the same as a full retirement. However you may or may not qualify for an insurance premium subsidy. See Your Insurance Benefits in *Retirement Readiness* for details about qualifying for insurance premium subsidies.

**What if I don't qualify?** If you are not yet eligible for one of these retirement provisions, we will notify you.

### Retirement Effective Date

You can submit your application three to six months before your retirement effective date, based on when you will be eligible. If you terminate employment and delay applying, a retroactive pension can't be paid for more than 12 months and may impact your insurance.

## Section II: Account Status

### Purchasing Service

ORS must receive payment in full for all service credit purchases, including plan-to-plan transfers or rollovers, BEFORE you terminate. Only payroll deductions for a Tax-Deferred Payment (TDP) can be accepted after you terminate. If you plan to make additional purchases, the additional service credit amount you specify will be included in your pension estimate.

If you purchased service credit on or after July 1, 2008, and the purchase qualifies you for your pension earlier, your retirement paid insurance premium subsidy may be delayed. For more information on delayed subsidies refer to the *Insurance Information* sheet (R0058C) and the *Retirement Readiness* book.



[www.michigan.gov/ORSschools](http://www.michigan.gov/ORSschools)



P.O. Box 30171  
Lansing, MI 48909-7671



(517) 322-5103 (Local)  
(800) 381-5111

# Retirement Application Instructions

## For Retiring Public School Employees

### Eligible Domestic Relations Order (EDRO)

If you are divorced and the court ordered a portion of your pension be paid to an alternate payee, such as your former spouse or a dependent child, you must have an

acceptable EDRO on file with ORS before your retirement effective date. Details and sample language can be found on the website in the ORS publication Eligible Domestic Relations Orders.

## Section III. Election of Pension Option and Beneficiary

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### Pension Options

You can choose from several pension options. Refer to *Retirement Readiness* for complete details for each option.

**Straight Life Option.** This option provides the maximum monthly pension benefit payable throughout your lifetime. After your death, no ongoing benefits—pension payment or insurance—are provided to your survivors.

**Survivor Options.** A *survivor* option, available as a 100%, 75%, or 50% option, pays you less than straight life. However, if you die, monthly pension payments and health, dental, and vision insurance coverage continue for your beneficiary for his or her lifetime. The 100% survivor option provides the same monthly benefit you received; the 75% option provides 75% of your benefit amount; and the 50% option provides half your payment. If your beneficiary dies before you, your pension will revert to straight life.

**Equated Option.** Each of the pension options—straight life or any survivor option—can be combined with the Equated Plan which pays a higher pension until you reach age 62, when your monthly pension is permanently reduced. Refer to The Equated Plan in *Retirement Readiness* to determine if this option is for you. To select an Equated Plan option, include an age 62 social security benefit estimate from the Social Security Administration with your application.

### Beneficiary Designation

**Beneficiaries Eligible for a Pension Benefit.** If you are married, your spouse is automatically your 100% survivor pension beneficiary. If you elect the 75% or 50% survivor option, or you name a beneficiary other than your spouse, your spouse must agree to this election and must sign the Spousal Authorization in Section E. The signature must be notarized. Other eligible pension beneficiaries include your child (including an adopted child), brother, sister, or parent. Upon your death, this

beneficiary will continue to receive lifetime pension and other retirement benefits.

**Refund Beneficiary.** If you choose a straight life option or you have no eligible pension beneficiary, you can name one beneficiary who would receive a refund of personal contributions and interest, if any, not paid to you before your death. If you want this refund paid to your estate or your estate's legal representative at your death, write "NONE" on the beneficiary name line.

**Changing your beneficiary after retiring.** If you name your spouse for a survivor pension and he/she predeceases you and you remarry, you may be able to name your new spouse as a beneficiary. If you are not married and elect the straight life option, then marry afterwards, you may be able to name your new spouse as a pension beneficiary. Contact ORS for details.

### Certification

**Spousal Authorization of Option Election.** To determine if a signature is required here, answer the questions in Section C and D, if applicable. If you are not married, write "NONE" in the spouse's signature line in Section E. If you are married and you did not name your spouse as your 100% Survivor, he/she must appear before a notary to sign and date this authorization.

**Applicant's Certification.** Your signature is required in Section E and must be notarized. If the notary public sections are not completed or the notary and signature dates do not match, your application will be returned. This could delay your pension and impact your insurance effective date.

### Proofs of Age Are Required

A copy of your birth certificate and one for your beneficiary if you selected a survivor option must be included with your application. If birth certificates are not available, see Proving Your Age in *Retirement Readiness* for other documents you can use.

## Section IV. Insurance Options

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**Declining Insurances.** If you do not wish to enroll in either the health or dental/vision insurance plans when you retire, check the DECLINE box(es), sign and date in Section E, then proceed to Section V. You can enroll

later, but may have a six-month waiting period. See the *Insurance Information* sheet (R0058C) for details.

# Retirement Application Instructions

## For Retiring Public School Employees

**Enrolling in Insurances.** The *Insurance Information* sheet (R0058C) provides details about insurance eligibility, effective dates of coverage, insurance premium subsidy eligibility, and proof required to enroll dependents.

If you are not eligible for the insurance premium subsidy as of your retirement effective date, you can still enroll in insurances, but will pay the full premium(s).

**Coverage Options.** Select from Blue Cross Blue Shield of Michigan (BCBSM) or an HMO for your health care coverage. Indicate when you want your coverage to start and who is to be covered.

If you're considering a Health Maintenance Organization (HMO) for your health care provider, refer to the *HMO Pilot Program Option* sheet (R0379C) for details about coverage. Contact the HMO directly for an application and return it to ORS with this application. DO NOT return the insurance application to the HMO.

### Enrollment Data

**Medicare.** If anyone is enrolled, or will be enrolled in Medicare by your retirement effective date, provide the Medicare card number and effective dates of coverage. Indicate the effective dates for **both** Medicare Part A **and** Part B. Include a copy of the Medicare card for anyone under age 65.

**Proof of Eligibility Is Required.** You must include proofs of age, dependency, legal guardianship, residency (for dependent parent), school attendance, and

disability, if applicable, with your application. See the *Insurance Information* sheet (R0058C) for proofs needed to verify insurance eligibility.

**Coordination of Benefits.** Your health, dental, and vision plans contain a *coordination of benefits (COB)* provision, which says you can't be reimbursed for more than the allowed cost of your care or service. If you or your dependents are covered under another group plan, the plans coordinate their reimbursement so that their combined payments don't exceed the allowed costs.

### Certification/Conditions of Enrollment

Be sure to sign Section E on the insurance options page. By enrolling in these insurances, you and your family members are bound by all conditions stated in the plan. You agree to notify ORS of any changes in your status and that of your family that may affect eligibility and/or coverage. You agree that if claims are paid on an ineligible individual, the cost of such claims may be deducted from future pension checks.

You authorize the administrator selected by ORS to obtain from providers of service any and all records and other information relating to you and your covered family members. You understand such information may be made available to ORS, on a confidential basis, for the purpose of evaluating the operation and efficiency of the plans and providers. The duration of this authorization extends for the period of your coverage under the plan.

## Section V. Federal Income Tax Withholding Authorization

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Your pension is exempt from Michigan and local income taxes but is subject to federal income tax, which will be withheld from your pension based on the withholding information you provide. This will remain in effect until you file a new *Federal Income Tax Withholding Authorization* form (R0012X).

If you need help determining your allowances or if you should withhold any additional amount, complete the worksheets found on the *Federal Income Tax Withholding Authorization Worksheets*. Transfer your answers to the withholding authorization section of this application. **Do NOT return the worksheets to ORS.**

## Section VI. Enrolling in EFT (Direct Deposit)

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Electronic Funds Transfer (EFT) provides you with ease and convenience. It eliminates mail delays and theft problems because no paper check is mailed. Your money will be available to you the same day the pension is payable. There is no fee for the EFT service, so the amount of your monthly pension will not be affected.

Your financial institution must be located in the United States or its territories. If you are living in a foreign country and do not have an account with a US financial institution, contact ORS.

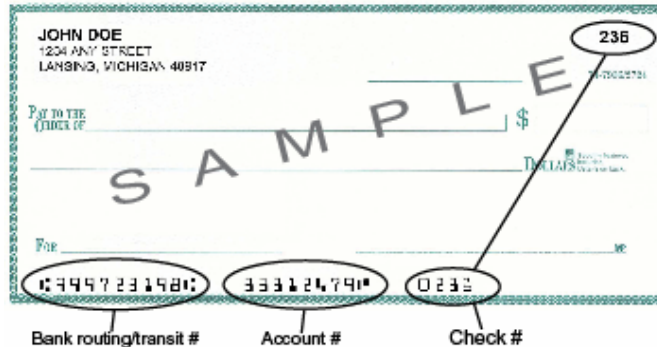
You can select up to two different accounts to have your EFT deposited. The accounts can be at the same financial institution or at two different institutions. Complete ALL of the financial institution information requested and indicate whether the account is checking or savings. If you wish to split your pension payment between two accounts, record the dollar amount or percentage to be deposited in the first account. The balance of your pension will go into the second account.

## Retirement Application Instructions

### For Retiring Public School Employees

#### Depositing to a checking account?

Look at one of your checks (not a deposit slip); find the bank's routing number and your checking account number in the string of numbers at the bottom. The first 9-digit sequence from the left is your bank routing number. It is always 9 digits and must begin with a 0, 1, 2, or 3 or ORS will not be able to make a deposit to the account. Your financial institution may be able to assist you.



The other number, that doesn't match the check number, is your account number. Include any zeros at the beginning or end; they are part of your account number.

#### Depositing to a savings account?

Contact your financial institution to get the bank routing number and verify your complete savings account number. Write both numbers in the appropriate boxes.

### Final Steps

Verify each item below. If any information is missing or incomplete your application will be returned. This could delay your first pension payment and/or your insurance effective date.

#### Section I: Retirement Information

- Termination date is identified.
- Application for retirement – marked only one type.
- Retirement effective date is after termination date.

#### Section II: Account Status

- All service credit purchases were received by ORS before terminating (other than payroll deductions).

#### Section III: Pension Option & Beneficiary

- No corrections or erasures are on this page.
- Only one pension option box is marked.
- If selecting the equated option a Social Security Estimate of Earnings and Benefits is enclosed.
- For a survivor pension option you've named your eligible spouse, child, brother, sister, or parent. For a straight life beneficiary, anyone can be named.
- If married, you've determined if your spouse needs to sign the spousal authorization and the signature is notarized. If not married, "NONE" is on the line.
- Your signature is required and MUST be notarized.

#### Section IV: Insurance Options

- If declining insurance at this time, the "Decline" box(es) are checked and you've signed in Section E.
- If enrolling, effective date and coverage level is indicated, plus those being covered are identified.
- If HMO is marked an HMO application is enclosed.
- Other insurance coverage, if any, is identified.
- If enrolling, you've signed in Section E.

#### Section V: Federal Income Tax Withholding

- Either line 1 is completed, OR lines 2 and 3, OR lines 2, 3, and 4 are completed. If not completed, ORS will withhold as if married with 3 allowances.

#### Section VI: Enrolling in EFT (Direct Deposit)

- Identify your account with a financial institution in the United States to receive your pension payment

#### Required Documentation and Proofs

Before sending your retirement application to ORS, gather copies of all proofs and other documents to be included with your application (copies are acceptable). Write your name and Member ID or the last four digits of your social security number on each item you send so everything can be connected to your account.

#### Proof of Age—Required for Pension Benefit

- Your birth certificate
- Your beneficiary's birth certificate, if selecting a survivor pension option. If your spouse has a different last name than yours, also send a copy of your marriage license.

#### Insurance Proofs, If Applicable

- Provide the required documentation to verify the following: (See the *Insurance Information* sheet for specific documents you must submit)
  - Proof of dependency
  - Proof of age
  - Proof of guardianship
  - Proof of disability
  - Proof of school attendance
  - Proof of residency

#### Mail application and all documents to:

**Office of Retirement Services**  
**P.O. Box 30171**  
**Lansing, MI 48909-7671**