



Department of Management & Budget
 Office of Retirement Services
 www.michigan.gov/ors (800) 381-5111
 P.O. Box 30171
 Lansing MI 48909-7671

Retirement Application

For State Employees

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DAYTIME TELEPHONE ()
MAILING ADDRESS	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY, STATE, ZIP CODE	BENEFIT STRUCTURE (CHECK ONE) <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> CONSERVATION OFFICER <input type="checkbox"/> COVERED	

Information to help you complete this application is available in the Instructions section of this form, where you will also find references to sections in the *Retirement Readiness* booklet. Please read this information before you begin; it will help with each choice you need to make.

After completing all of the sections, send this application, along with all required proofs and documentation to:

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

Section I: Retirement Information

Retirement Effective Date: My retirement effective date is the first of _____, 20____
Retirement Type: I am applying for retirement benefits under the following category: (Check only one.) <input type="checkbox"/> Regular Retirement <input type="checkbox"/> Early Reduced

Section II: Employment Information

Current Department/Agency Where Employed: _____
Last Date On Payroll: My last date on the payroll is/was: _____, 20____

Section III: Account Status

<p>Service Credit Purchases: Please mark all that are appropriate</p> <p><input type="checkbox"/> I have an existing Tax Deferred Purchase (TDP) agreement. It will be paid in full before I terminate. <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p><input type="checkbox"/> I have a current Member Billing Statement and plan to purchase _____ years of that service before terminating.</p> <p>Additional Purchases: <input type="checkbox"/> 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.</p>
<p>Workers' Compensation: I have previously received Workers' Compensation. <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, list all the years you received Workers' Compensation. _____</p>
<p>Previous or Pending Divorce(s): As the result of a divorce, I have an acceptable Eligible Domestic Relations Order (EDRO) on file with ORS, which divides my pension benefit. <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Any EDRO must be on file with ORS before the retirement effective date.</p>



Name: _____

SSN or Member ID: _____

ORS State Employees
Retirement Application (continued)

Section IV: Election of Pension Option and Beneficiary

Pension Option: Read about each option in the instructions and the *Retirement Readiness*. Be sure you understand how this choice will affect your pension amount and any potential survivor benefits. Select your desired option. **No corrections or visible erasures are permitted on this page.** If you make a mistake, you can print a new page at www.michigan.gov/ORSstateDB.

I elect the following pension option (select one):
 Straight Life 100% Survivor 75% Survivor 50% Survivor

 Equated Option: I wish to combine the above pension option with the Equated Plan. I understand I will receive a larger pension until age 65 when it will be permanently reduced. I have enclosed a Social Security estimate with this application.

Beneficiary Designation: If you selected a survivor pension option above, you **MUST** name a beneficiary. You can only name one person as beneficiary. See instructions for eligible beneficiaries. If you selected a straight life option above, your beneficiary named below will receive a one-time refund of contributions, if any.

Beneficiary Name: _____ **Relationship:** _____
Beneficiary's SSN: _____ **Birth Date:** _____ Male Female

STOP Do not sign until you are in front of a Notary Public. All signatures must be notarized **AT THE SAME TIME**.

Applicant & Spousal Signatures (If there is no spouse, write NONE on the spouse's signature line.)

Spousal Authorization of Option Election and Beneficiary Designation: If the member elected **any option other than 100% Survivor** or named anyone other than the member's spouse as beneficiary, the member's spouse must sign below to certify agreement to the following terms.
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 elected a Straight Life or Straight Life Equated pension option or named someone else as the beneficiary above, I understand, by this authorization, I relinquish all rights to any benefit.
Spouse's Signature: _____ **Date:** _____

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 above, 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 pension 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:** _____

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

Name: _____
 SSN or Member ID: _____
 Address _____
 City _____
 State _____ Zip _____

**ORS State Employees
 Retirement Application (continued)**

OFFICE USE ONLY		
EFFECTIVE DATE		
H	/	/
VBR	/	/
DDR	/	/

Section V: Insurance Options

Refer to the insurance section of the instructions for eligibility details. Indicate below who is to be covered under your insurance plan(s). **Your signature is required in Section D.**

A. Enrollment Options (You must complete this section.)

You can select from either BCBSM or an HMO for your health care coverage. Please check the “enroll” box for the provider you are selecting and check the “decline” box for the other insurance plan. 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
HMO	<input type="checkbox"/>	<input type="checkbox"/>	/01/	Please obtain and enclose completed HMO application.
DENTAL PLAN	<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
VISION PLAN	<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

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 age or dependency for each enrolled dependent.** See Final Steps in the instructions for what proofs you need to include.

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					
CHILD					

C. 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) _____	
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) _____	

D: Certification (Signature is required.)

I certify that the above information is correct to the best of my knowledge and belief. 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
-----------------------	---------------------------------	------

Name: _____

SSN or Member ID: _____

*ORS State Employees
Retirement Application (continued)*

Section VI: 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. If you need help with this section, use the *Federal Income Tax Withholding Authorization Worksheets* to determine your withholding. **Do NOT return the worksheets to ORS.**

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? (Required) <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 in addition to your standard withholding amount. You cannot request <i>just</i> a flat dollar amount. You must enter a number (including 0) of allowances on line 2 first.	\$ _____

Section VII: Enrolling in EFT (Direct Deposit)

Record your Electronic Funds Transfer (EFT) (direct deposit) account information below. Enrolling in EFT provides you with added convenience and security for your pension payment.

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.

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 _____ % OR \$ _____
BANK ROUTING NUMBER (CANNOT START WITH "5")	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 Balance of Pension
BANK ROUTING NUMBER (CANNOT START WITH "5")	ACCOUNT NUMBER	

Submitting Your Retirement Application

You're almost done. Before you return your retirement application and required documents to ORS, go through the Final Steps section at the end of the instructions. Verify you have completed all parts of the application and you have the correct documents for proof of birth and proof of dependency where needed. Put your name and Member ID or the last four digits of your social security number on all attachments so we can identify they go with your application.

Package your application and documents together and send to: ORS, P.O. Box 30171, Lansing, MI 48909-7671.



Retirement Application Instructions

For Retiring State Employees

Congratulations! You're ready to take the next step toward retirement by applying for your pension benefits. Read through these instructions and other recommended materials to familiarize yourself with all of the pension options and retirement benefits. Don't

rush through this process. Give yourself enough time to evaluate the different pension options and weigh the benefits of each. Remember you are making decisions that will affect you (and potentially your loved ones) for the rest of your life.

The Application Process – An Overview

Familiarize yourself with the choices you will be making and the documents you will need to submit to complete this application. We encourage you to read through these instructions, along with the *Retirement Readiness* book, the *Health, Dental, Vision and Life Insurance Options* information sheet (R0423GHB), and the *Retiree Life Insurance Beneficiary Designation* form found on our website at www.michigan.gov/ORSstateDB.

As you complete each section of this application, gather together the documents you will need to send in with this application. We accept photocopies for required documentation and proofs.

If you have any pending service credit purchases, these must be paid before your employment termination date in order to receive credit for retirement.

Three to six months before your retirement effective date, return your completed application and all required documentation and proofs to ORS. We will process your application and send an acknowledgement letter summarizing the selections in this application. It will also include a preliminary pension estimate.

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

Completing the Application

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

Begin by providing your name and address, birth date, and any other information requested. Be sure to include

your information on each page of the application so if any pages get separated, we can identify which are yours. Mark the appropriate box for your sex and provide your telephone number in case we need to contact you by telephone.

Section I. Retirement Information

Determining Eligibility/Retirement Type

Check the type of retirement benefits for which you plan to qualify, based on your age and service.

Full Retirement. Refer to the Qualifying for Your Pension section in the *Retirement Readiness* book for detailed retirement eligibility provisions. The following active members qualify for full retirement:

- At least age 60, with at least 10 years of service or at age 55 with 30 years of service.
- If you are an unclassified legislative employee, executive branch employee, or Department of Community Mental Health employee involved in a facility closing, you are vested for a full retirement at age 60 with 5 years of service.

Retirement Provisions for Covered Retirement, Conservation Officers and Community Health Facility Closures. If you are classified in one of these three employee classifications, you must meet different eligibility rules which may allow you to retire at an

earlier age or with fewer years of service. If you qualify for Covered Retirement you may be eligible for a supplemental pension. Refer to Qualifying for Your Pension in *Retirement Readiness*.

Early Reduced Retirement. If you are an active member with at least 15 but less than 30 years of service, you can elect to take an early reduced retirement at age 55. Additional requirements apply. See the Early Reduced Retirement provisions in *Retirement Readiness* for full details about this retirement provision.

If you complete this retirement application and qualify only for the early reduced retirement provision, by your signature in the Election of Pension Option and Beneficiary section, you agree to accept a permanently reduced pension. 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).



www.michigan.gov/ORSstateDB



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



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

Retirement Application Instructions

For Retiring State Employees

Deferred Retirement. If you left state employment before you were old enough to draw your pension but after you were vested, you are eligible for pension benefits at age 60. Your pension is calculated the same as a full retirement. You will not be eligible for state-sponsored life insurance.

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

Section II. Employment Information

Identify the department and/or agency where you work.

Termination Date

Your termination date is the date when your employee/employer relationship officially ends. It may or may not

Section III. Account Status

This section identifies any adjustments to your account that could affect your retirement eligibility or pension calculation. Please respond to all questions that apply.

If you are divorced and the court ordered a portion of your pension be paid to an alternate payee, such as your

Section IV. Election of Pension Option and Beneficiary

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

As you complete this section, make sure you do not make any erasures or corrections. If you make a mistake, you may print a new page from our website at www.michigan.gov/ORSstateDB. ORS cannot accept your retirement application with any erasures or corrections on this page.

The *straight life* option provides the maximum monthly pension benefit payable throughout your lifetime. No ongoing benefits – pension payment or insurance – are provided to your survivors.

A *survivor* option, available as a 100%, 75%, or 50% option, pays you less, but continues monthly pension payments as well as health, dental, and vision insurance coverage to your beneficiary for his or her lifetime if you die. The 100% option provides your survivor the same monthly benefit you received. Under the 75% option, your survivor receives 75% of your benefit amount; with the 50% option, your survivor is paid half of your monthly pension. If your beneficiary predeceases you, your pension will revert to straight life.

Your spouse is your survivor beneficiary. If you are married, your spouse is automatically your 100% survivor pension beneficiary. If you elect the 75% or 50% survivor option, or name someone other than your spouse as beneficiary, your spouse must authorize this election by signing where indicated on page 2.

Equated Option. Each of the pension options – straight life or a 100%, 75%, or 50% survivor – can be combined

Retirement Effective Date

Your retirement effective date is the first day of the month after you:

- Satisfy the eligibility requirements,
- Terminate employment with the state of Michigan, AND
- You have submitted your retirement application to ORS.

be the same as your last day worked, and depending on your payroll schedule and payout of leave time, you may receive paychecks after this date.

former spouse or a dependent child, you must have an acceptable Eligible Domestic Relations Order (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*.

with the Equated Plan which pays a higher pension until you reach age 65, when your monthly pension is permanently reduced. Refer to *The Equated Plan in Retirement Readiness* to determine if this option is for you. If you select an Equated Plan option, you must obtain an estimate of your age 65 social security benefit from the Social Security Administration and submit it along with this retirement application.

Beneficiary Designation

Indicate who will be your beneficiary. You can name only one beneficiary. As previously stated, if you are married, your spouse is automatically your beneficiary unless he or she relinquishes rights to the pension benefit. Other eligible pension beneficiaries include your child (including an adopted child) or grandchild, brother, sister, or parent. Upon your death, this beneficiary will continue to receive lifetime pension and other retirement benefits.

If you choose a straight life option or you have no eligible pension beneficiary, you can name one refund beneficiary to receive a refund of personal contributions and interest, if any, not paid to you before your death. If you do not want your refund disbursed to any one individual, write "NONE" on the beneficiary name line. Upon your death, any refund due will be paid to your estate or the legal representative of your estate.

Retirement Application Instructions

For Retiring State Employees

Notarization Required For Signatures

This Election of Pension Option and Beneficiary must be signed by you. If you are married and you select an option other than 100% Survivor, your spouse must also sign. If you are not married, write "NONE" on the spouse's signature line. **Signatures must be notarized. Do not sign the form until you are in front of a Notary Public.** If the notary public section is not completed or your signature dates and the notary's signature dates are not the same, your application will be returned.

Proof of Age

You must enclose a copy of your birth certificate with this retirement application. If you choose any one of the survivor options, you must also enclose a copy of your beneficiary's birth certificate. If your spouse's last name differs from yours, you need to provide a copy of your marriage certificate. These certificates do not need to be certified; photocopies are acceptable.

If you or your beneficiary do not have a birth certificate, refer to *Proving Your Age* in the How to Apply section of *Retirement Readiness*.

Section V. Insurance Options

The *Health, Dental, Vision, and Life Insurance Options* sheet (R0423GHB) provides details about insurance eligibility. Additional information about effective dates of coverage and documents to be submitted with the retirement application to prove eligibility for enrolled dependents can be found under Continuing Your Insurance Benefits in *Retirement Readiness*.

If you are considering a Health Maintenance Organization (HMO) for your health care provider, refer to the information on the back of the *Health, Dental, Vision, and Life Insurance Options* sheet for contact information. If you decide to enroll in an HMO, contact the HMO directly for an application, complete it and send it to ORS along with this retirement application. Be sure to mark the HMO "enroll" box under Enrollment Options to indicate you are sending a separate application and sign the Certification section on the bottom of the insurance options page. **DO NOT** return your application to the HMO.

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.

Enrollment Data

Complete all requested information for each person who will be covered under your insurance plans as of the

effective date of retirement. If anyone is enrolled in Medicare, provide that person's Medicare card number and the effective dates of coverage for both Medicare Part A and Part B. Please send ORS a copy of the Medicare card for anyone who is under age 65.

Other Insurance Data

You must report any other insurance coverage you or your enrolled dependents have. Failure to report this coverage, including prescription drug coverage, will make you subject to loss of coverage and retroactive repayment of any claims paid by ORS.

If you enroll in one of these health insurance plans, it is your responsibility to notify ORS of any changes in your status or that of your family that may affect eligibility and/or coverage. You also authorize the administrator selected by ORS to obtain from providers of service, on a confidential basis, any records and other information relating to you and your covered dependents.

Life Insurance

Your life insurance will continue after you retire, but the policy will be 25 percent of the amount of insurance you carry at the time you retire from state employment. If you are deferred, you are not eligible for life insurance.

The state pays your life insurance premiums. You may want to update your beneficiary on the *Retiree Life Insurance Beneficiary Designation* form available from our website at www.michigan.gov/ORSstateDB. Return your completed form with your application.

Section VI. Federal Income Tax Withholding Authorization

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

If you need help determining how many allowances you should claim or if you should withhold any additional amount, you can 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.**

Retirement Application Instructions For Retiring State Employees

Section VII. Enrolling in EFT (Direct Deposit)

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.

To use this service, 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. You cannot have your pension payment split between an EFT and a paper check. Complete the financial institution information 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 you wish to have deposited in the first account. The balance of your pension will be deposited into the second account.

Depositing to a checking account?

Looking at one of your checks, find the bank's routing number and your checking account number within the string of numbers at the bottom. (See the sample check.) Make sure you are looking at a check and NOT a deposit slip because the numbers may not be the same.

Final Steps

Review each section of your application to make sure you've completed all required items and attached all necessary documentation. Following are some of the commonly missed areas you may want to double-check.

Election of Pension Option and Beneficiary

- **No erasures or corrections are allowed.**
- One of the pension option boxes must be selected.
- If you wish to combine the Equated Plan with this option, you must attach your Social Security Estimate of Earnings and Benefits.
- If you're married and you've selected a Straight Life or Straight Life Equated option, or a survivor option other than the 100% Survivor or 100% Survivor Equated, your spouse **MUST** sign where indicated.
- If you're married and you've named someone other than your spouse as beneficiary, your spouse **MUST** sign where indicated. If not married, write "NONE."

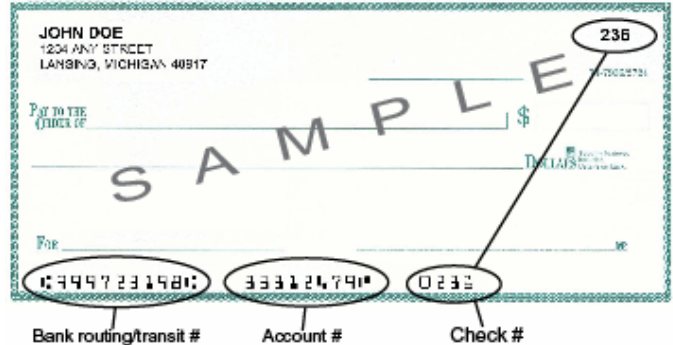
Notarization of Signatures

Your spouse's and your signatures **MUST** be notarized.

Insurance Options

You **MUST** mark to enroll or decline insurance coverage and sign the Certification section at the bottom. Indicate the effective date for your insurance to begin.

The first 9-digit sequence from the left is your bank routing number. It is always 9 digits. If this number begins with a "5" you will need to contact your financial institution for a different number that can be used for EFT deposits.



The other number at the bottom – the one not matching the check number – is your account number. If the number includes zeros at the beginning or end, include them as part of your account number.

Depositing to a savings account?

You may need to enclose a blank deposit slip or contact your financial institution to get the bank routing number and verify your complete savings account number. Write both of these numbers in the appropriate boxes.

Enrolling in EFT (Direct Deposit)

Complete all requested information for each financial institution and verify your account information is correct.

Proofs Required for You and Your Beneficiary

You must include your birth certificate, your beneficiary's birth certificate, and your marriage certificate if your spouse has a different last name. If there is no birth certificate, refer to *Proving Your Age* in the How to Apply section of *Retirement Readiness*.

Proofs Required for Insurance Coverage

You must provide proof of eligibility for each of your enrolled dependents. Provide birth certificates as proof of age and relationship, tax returns as proof of dependency, medical records to prove disability for a dependent child over 19, school records as proof of attendance, and court orders to prove legal guardianship. For further details on proofs required, see *Continuing Your Insurance Benefits* in *Retirement Readiness*.

Mail Your Application and Supporting Documents

Put your name and Member ID or the last four digits of your social security number on each supporting document. Send your complete package to:

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



Federal Income Tax Withholding Authorization Worksheets

For Pension Recipients

What do I need to do?

1. Complete the Withholding Authorization section below. If you don't know how many allowances you can claim or if additional money should be withheld, use the optional worksheets below and on the reverse side.
2. **After you complete the Withholding Authorization box below, transfer your answers to the Federal Income Tax Withholding Authorization section of your Retirement Application. Do NOT return this sheet to ORS.**

Keep these worksheets for your records. The information you copy onto the *Retirement Application* will serve as your official withholding authorization, which will be reflected in your monthly pension payments. This authorization will remain in effect until you file a new *Federal Income Tax Withholding Authorization (R0012X)*.

Withholding Authorization (Required)

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? (Required)	<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 in addition to your standard withholding amount . You cannot request <i>just</i> a flat dollar amount. You must enter a number (including 0) of allowances on line 2 first.	\$ _____

Transfer the results of questions 1–4 to the Federal Income Tax Withholding Authorization section of your Retirement Application. Do NOT return this worksheet with your Retirement Application. Keep it for your records.

Personal Allowances Worksheet (Optional)

Note: Use this worksheet to determine how many allowances you can claim for withholding purposes. For the most up-to-date calculations and wage information, refer to IRS Publication 919.

A. Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B. Enter "1" if: {

- You are single and have only one pension; or
- You are married, have only one pension, and your spouse has no income subject to withholding; or
- Your income from a second pension or a job, or your spouse's pension or wages (or the total of all) is \$1,500 or less.

} **B** _____

C. Enter "1" for your **spouse**. You may choose to enter "-0-" if you are married and your spouse has income subject to withholding or you have more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D. Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return..... **D** _____

E. Enter "1" if you will file as **head of household** on your tax return. **E** _____

F. **Child Tax Credit** (including additional child tax credit):

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **F** _____

G. Add lines A through F and enter total here. *This may be different from the number of exemptions you claim on your tax return.* **G** _____

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on the back of this form.
- If you have more than one source of income subject to withholding or a spouse with income subject to withholding **and** your combined income from all sources exceeds \$40,000 (\$25,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on the back to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 above.



www.michigan.gov/ors



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



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

Deductions and Adjustments Worksheet (Optional)

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your tax return. For the most up-to-date calculations and wage information, refer to IRS Publication 919.

1.	Enter an estimate of your itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions.	1.	\$ _____
2.	Enter: { \$11,400 if married filing jointly or qualifying widow(er) \$ 8,350 if head of household \$ 5,700 if single or married filing separately }	2.	\$ _____
3.	Subtract line 2 from line 1. If zero or less, enter "-0-"	3.	\$ _____
4.	Enter an estimate of your adjustments to income, including alimony, deductible IRA contributions, and student loan interest	4.	\$ _____
5.	Add lines 3 and 4 and enter the total. (Include any credit amounts from <i>Worksheet 8</i> in IRS Pub. 919.).....	5.	\$ _____
6.	Enter an estimate of your income not subject to withholding (such as dividends or interest).....	6.	\$ _____
7.	Subtract line 6 from line 5. If zero or less, enter "-0-"	7.	\$ _____
8.	Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction.	8.	_____
9.	Enter the number from the Personal Allowances Worksheet , line G, from the front of this form.	9.	_____
10.	Add lines 8 and 9 and enter the total here. If you use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on the front of this form, line 2	10.	_____

Multiple Pensions/More-Than-One-Income Worksheet (Optional)

Note. Complete only if the instructions under line G on the front of this form, direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or your spouse works). For the most up-to-date calculations and wage information, refer to IRS Publication 919.

1.	Enter the number from line G from the front of this form (or from line 10 above if you used the Deductions and Adjustments Worksheet).....	1.	_____
2.	Find the number in Table 1 below that applies to the LOWEST paying pension or job and enter it here. However , if you are married filing jointly and the amount from the highest paying pension or job is \$50,000 or less, do not enter more than "3."	2.	_____
3.	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on the front of this form, line 2. Do not use the rest of this worksheet.	3.	_____

Note. If line 1 is **less than** line 2, enter "-0-" on the front of this form, line 2. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4.	Enter the number from line 2 of this worksheet.	4.	_____
5.	Enter the number from line 1 of this worksheet.	5.	_____
6.	Subtract line 5 from line 4.	6.	_____
7.	Find the amount in Table 2 below that applies to the HIGHEST paying pension or job and enter it here.....	7.	\$ _____
8.	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.....	8.	\$ _____
9.	Divide line 8 by the number of months left in the calendar year. For example, divide by 12 if you complete this form in December. Enter the result here and on the front, line 4. This is the additional amount to be withheld from each payment.	9.	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying pension or job are:	Enter on line 2 above.	If wages from LOWEST paying pension or job are:	Enter on line 2 above.	If wages from HIGHEST paying pension or job are:	Enter on line 7 above	If wages from HIGHEST paying pension or job are:	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						