



MICHIGAN OFFICE OF RETIREMENT SERVICES

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

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

Retirement or DROP Application – For State Police

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

Use this form to apply for a service retirement or the Deferred Retirement Option Plan (DROP) with the State Police Retirement System. Before completing each of the following sections, read through that section's instructions.

Section I: Retirement Information

I wish to apply for a: Deferred Retirement Option Plan (DROP) – Complete Section II ONLY.
 Retirement – Complete Section III, IV, V, and VI.

As the result of a divorce, I have an acceptable Eligible Domestic Relations Order (EDRO) on file with ORS, which divides my pension benefit. NO YES (Any EDRO must be on file with ORS before the retirement effective date.)

Section II: Deferred Retirement Option Plan

To participate in the Deferred Retirement Option Plan (DROP), you must meet the following eligibility criteria.

- Be actively employed and have 25 or more years of credited service under the State Police Retirement System.
- File this DROP application form between 30 and 90 days before your retirement effective date, which is the date you would cease being an active member of this retirement system and become a DROP participant.

DROP Participation Period: Begin Date: _____ End Date: _____ (Retirement Effective Date)
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Beneficiary Designation for the DROP Account. If you wish to name someone other than your pension beneficiary to receive the balance of your DROP account at the time of your death, complete the following.

DROP ACCOUNT BENEFICIARY NAME	RELATIONSHIP TO MEMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER	BIRTH DATE

Applicant's Certification

I certify I am retiring from active membership in the State Police Retirement system as of the retirement effective date indicated above and am electing to participate in the Deferred Retirement Option Plan (DROP) for the time period designated. I understand I will begin my retirement at the end of my DROP participation period. Once ORS accepts this application my participation in the DROP is irrevocable.

Applicant Signature: _____ Date: _____

Section III: Retirement

ORS must receive your completed application form at least 30 days, but no more than 90 days before your retirement effective date. Your *retirement effective date* is the first day of the month following your last day on payroll with the State Police.

Retirement Effective Date: My retirement effective date is the first of _____, 20_____

By my signature below, I certify I am a member of the State Police Retirement System and wish to apply for retirement from service with the Michigan State Police. I also authorize the selections made in the following Income Tax Withholding Authorization and my designation(s) for direct deposit. By using direct deposit, 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 Signature: _____ Date: _____



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

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

EFFECTIVE DATE		
H	/	/
VBR	/	/
DDR	/	/

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

A. Decline or Enroll Options

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

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.

Health Plan	ENROLL <input type="checkbox"/>	DECLINE <input type="checkbox"/>	Effective Date /01/	(Check all that apply) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD(REN)
IF ENROLLING IN A HEALTH PLAN, PLEASE CHOOSE ONE FROM THE FOLLOWING:				
<input type="checkbox"/> BCBSM WITH PRESCRIPTION DRUG PLAN		HMO (PRESCRIPTION DRUG PLAN INCLUDED):		
<input type="checkbox"/> BCBSM WITHOUT PRESCRIPTION DRUG PLAN		<input type="checkbox"/> BCN <input type="checkbox"/> HAP <input type="checkbox"/> MCLAREN HEALTH PLAN <input type="checkbox"/> PHYS HEALTH PLAN		
Dental Plan	ENROLL <input type="checkbox"/>	DECLINE <input type="checkbox"/>	Effective Date /01/	(Check all that apply) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD(REN)
Vision Plan	ENROLL <input type="checkbox"/>	DECLINE <input type="checkbox"/>	Effective Date /01/	(Check all that apply) <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD(REN)

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 Claim # 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					

C. Other Insurance Data (Complete when you or 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 even if you are declining 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
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Name: _____
 SSN or Member ID: _____

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

Section V: Enrolling in Direct Deposit

Record your direct deposit account information below.

By submitting this completed form, I authorize ORS to deposit my net monthly pension by direct deposit 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.

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	

Section VI: Income Tax Withholding Authorization

This authorization is effective with your first pension payment and will continue until you change your withholding online through miAccount or file a new form. If you leave this blank ORS must withhold taxes as if you are married claiming three allowances.

Michigan Tax Withholding

1. Check here if your pension payments are not taxable or you do not want any Michigan income tax withheld from your monthly pension. If you check this box, sign below (don't complete lines 2-7). **Note:** Opting out may result in a balance due on your MI-1040 as well as penalty and/or interest.

Check only ONE box below. For joint filers, select the box for the age of the older spouse.

2. Check here if you (or your spouse) were born before 1946. If you check this box, your pension is exempt from Michigan income tax.

3. Check here if you (or your spouse) were born between 1946 and 1952. If you check this box, the first \$20,000 of pension benefits (\$40,000 if married) will be subtracted from your taxable income.

4. Check here if you (or your spouse) were born after 1952. If you check this box, your pension will be taxed at the current rate.

5. Enter number of personal and dependent exemptions you are claiming. Only claim each exemption once, even if you submit more than one Michigan withholding form..... (exemptions) _____

6. What is your Michigan withholding status? (**Required**) Single Married Married but withhold at higher "Single" rate

7. Dollar amount, if any, you want withheld from each pension payment in addition to your standard Michigan withholding amount. You must enter a number on line 5 (including 0) BEFORE you fill out line 7. \$ _____

This change takes effect the month after ORS receives this form unless you specify a later month: _____

SIGNATURE (REQUIRED)	DATE
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Federal Tax Withholding

Step 1: Check your anticipated filing status

(c) Single or Married filing separately

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

ORS State Police
 Retirement Application (continued)

EFFECTIVE DATE		
H	/	/
VBR	/	/
DDR	/	/

- Married filing jointly or Qualifying surviving spouse**
- Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income from a job and/or multiple pensions/annuities (including a spouse's job/pension/annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

- (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0- " ▶ \$ _____
- (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ \$ _____
- (iii) Add the amounts from items (i) and (ii) and enter the **total** here.....▶ \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim dependent and other credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000..... ▶ \$ _____

Multiply the number of other dependents by \$500..... ▶ \$ _____

Add other credits, such as foreign tax credit and education tax credits..... ▶ \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total ▶ \$ _____

3 \$

Step 4: (Optional): Other adjustments

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends..... ▶ \$ _____

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here..... ▶ \$ _____

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld from **each** payment..... ▶ \$ _____

4(c) \$

Step 5: Sign Here

YOUR SIGNATURE (This form is not valid unless you sign it.)

DATE

Name: _____
SSN or Member ID: _____

*ORS State Police
Retirement Application (continued)*

Return signed form to:

ORS, PO Box 30171, Lansing MI 48909-7671, or fax to 517-284-4416.



Retirement Application Instructions

For Retiring State Police

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. You must terminate all state of Michigan employment before your retirement effective date.

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

The Application—Section I: Retirement Information

You have the option to apply for a full retirement or the Deferred Retirement Option Plan (DROP). Indicate the type of retirement you are applying for by checking the appropriate box.

Retirement Eligibility. You qualify for retirement at any age with 25 years of service as an enlisted officer. If you left state police prior to 25 years of service but have at least 10 years, you are eligible to collect a pension benefit at age 50.

Deferred Retirement Option Plan (DROP) Eligibility. You qualify for the DROP if you are eligible to apply for a full retirement but wish to extend your employment and defer your pension benefits for up to six years.

Eligible Domestic Relations Order. If you have an Eligible Domestic Relations Order (EDRO), which divides your pension benefit as the result of a divorce, be sure you have an acceptable copy on file with ORS.

Section II. Deferred Retirement Option Plan (DROP)

Complete this section of the application *only* if you are applying for the DROP.

DROP Participation Period. Be sure that you indicate the time frame that you will be participating in the DROP program. Your begin date is actually your *retirement effective date*.

Beneficiary Designation. Indicate who will be your beneficiary. You can name only one beneficiary. Be sure to include all pertinent information.

Upon completing this section, see Submitting Your Retirement Application section of the application or Final Steps in the instructions for where to mail.

Section III. Retirement

Complete this section and the rest of the application *only* if you are applying for a service retirement. Be sure that you indicate your *retirement effective date*, the first day of the

month following your last day on payroll with the Department of State Police and sign your name.

Section IV. Insurance Options

Declining Insurances. If you do not wish to enroll in either the health, dental or vision insurance plans when you retire, check the “DECLINE” box(es), sign and date in Section D, then proceed to Section V. You can enroll later but may have a six-month waiting period.

Enrolling in Insurances. The *Health, Dental, Vision, and Life Insurance Options* sheet (R0423GH) 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 the *Retirement Guidelines* booklet.

Coverage Options. You can enroll in Blue Cross Blue Shield of Michigan (BCBSM) with or without prescription drug coverage, or a Health Maintenance Organization (HMO) which includes prescription drug coverage. Mark the “ENROLL” box for the plan of your choice under Enrollment Options and sign the Certification section on the bottom of the insurance options page.

Note: In 1986, federal law required mandatory Medicare coverage for state and local government employees even if they do not pay social security taxes. If you were hired (or rehired) after March 31, 1986, you may have mandatory Medicare coverage. However, the Social Security Administration is the final authority for determining your Medicare eligibility.

Retirement Application Instructions

For Retiring State Police

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 any of your dependents will be covered under another insurance 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. 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 state-sponsored life insurance continues for you and your dependents at no charge to you. Your coverage will be 25 percent of the amount of insurance you carry at the time you retire from state police employment; your dependents' policies are capped at \$1,000 each. If you are deferred, you are not eligible for life insurance.

You may want to update your beneficiary on the enclosed *Retiree Life Insurance Beneficiary Designation* form. Return your completed form with your application. Or log into miAccount at Michigan.gov/ORSmiAccount.

Section V. Enrolling in Direct Deposit

You must use direct deposit for your monthly pension payment to be deposited into your checking and/or savings account. Your money will be available to you the same day the pension is payable. There is no fee so your monthly pension is not affected.

You must use a financial institution 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 have your payment deposited in up to two accounts. The accounts can be at the same financial institution or at

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.

The first 9-digit sequence from the left is your bank routing number. It is always 9 digits. If this number begins with any number other than 0, 1, 2, or 3 you will need to contact your

two different institutions. Complete ALL of the financial institution information requested and indicate whether the account is checking or savings. To split your pension payment between two accounts, record the dollar amount

or percentage to be deposited in the first account. The balance will go into the second account.

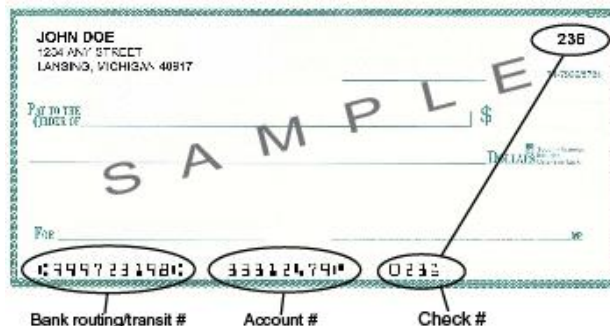
After retirement, you may change your bank accounts through miAccount, online at Michigan.gov/ORSmiAccount. If changing bank accounts, be sure to keep your old account open until your pension payment is deposited in the new account.

financial institution for a different number that can be used for 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.



Section VI. Income Tax Withholding Authorization

Your pension may be subject to Michigan income tax as well as federal income tax. ORS will withhold these taxes from your pension based on the information you provide. This will remain in effect until you change it through miAccount or file a new *Income Tax Withholding*

Authorization (R0012X). If you need help determining your federal allowances or if you should withhold any additional amount, refer to IRS publication 919, available at IRS.gov. For questions on your Michigan withholding, contact the Department of Treasury at Michigan.gov/Taxes.

Section references are to the Internal Revenue Code.

Retirement Application Instructions For Retiring State Police

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to

compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/ annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility

Retirement Application Instructions

For Retiring State Police

requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments

credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Retirement Application Instructions For Retiring State Police

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ <input style="width: 80%;" type="text"/>
2	Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$	2	\$ <input style="width: 80%;" type="text"/>
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ <input style="width: 80%;" type="text"/>
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ <input style="width: 80%;" type="text"/>
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ <input style="width: 80%;" type="text"/>
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ <input style="width: 80%;" type="text"/>

Retirement Application Instructions

For Retiring State Police

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 IV: Insurance Options

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

Section VI: Enrolling in Direct Deposit

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

Section V: Income Tax Withholding

- Complete your Michigan and federal income tax withholding information, sign and date in Step 5.

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

- A copy of your birth certificate.

Insurance Proofs for Dependents, If Applicable

Provide the required documentation to verify the following: (Refer to the *Retirement Guidelines*, Continuing Your Insurance Benefits section for other documents you may submit.)

- Marriage certificate, if married
- Birth certificates to prove age and relationship
- First page of IRS 1040 to prove dependency
- Legal adoption papers
- Court orders to prove full legal guardianship
- School records as proof of attendance
- Proof of disability for incapacitated child

Return application and all documents to:

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

