**Human Resources**

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9 Walters Avenue, Unit 5075

Storrs, CT 06269-5075

Telephone: 860-486-3034

Facsimile: 860-486-0378

**REQUEST FOR RETIREMENT INITIATION PACKET**

**Today’s Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Initial Request |  | Revised Request |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name (Last)** | **(First)** | **(Full Middle Name)** | **Employee ID (6-digit number) (Required Field)** |
| **Telephone Number (Work)** | **Telephone Number (Home)** | **Telephone Number (Cell)** |
| **Employee Home Mailing Address: Street** | **City, State, Zip Code** | **Email Address (Home)** |
| **Anticipated RetirementDate\* (must be the first day of a month)** | **Employee Title** | **Bargaining Unit** |

**Retirement Plan (Check One)** *(Please See: http://www.osc.ct.gov/empret/stateretire.htm)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State Employees Retirement System (SERS): |  | Tier I |  | Tier II |  | Tier IIA |  | Tier III |
| *or*  |  | Hybrid Plan |
| *or* |  | Alternate Retirement Plan (ARP) *(Please see: http://www.osc.ct.gov/rbsd/arpinfo/Amended12014.pdf)*  |

**COMPLETE THIS SECTION ONLY IF IN SERS OR HYBRID RETIREMENT PLANS**

**Estimated number of vacation days you will have accrued and not used at retirement:** \_\_\_\_\_\_\_\_

**Check if you have qualifying time to be added to your actual service:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Military |  | Educational Leave |  | Unpaid Sick Leave |  | Prior State Service |
|  | Prior CT Teaching Service |  | Municipal Service |  |  |  |  |

**Check if you have had any of the following additional earnings in the last four years:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Special Payroll |  | Summer Sessions |  | Intersession |  | Overtime |

**Identify the payment options you are considering. For details on these payment options go to:** *http://www.osc.ct.gov/empret/stateretire.htm*.

* *Straight Life Annuity: no benefits payable after your death*
* *50% Annuitant: 50% of your payment continues after your death to an annuitant*
* *100% Annuitant: 100% of your payment continues after your death to an annuitant*
* *10 Year Period Certain: If you die prior to 10 years, payments continue to annuitant(s) for balance of 10 year period*
* *20 Year Period Certain: If you die prior to 20 years, payments continue to annuitant(s) for balance of 20 year period*
* *Hybrid “Cash Out Option”*

**If you are considering the 50% or 100% Annuitant Option, provide the following:**

Annuitant Full First, Middle and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annuitant Date of Birth: \_\_\_\_\_\_\_\_\_ Date of Marriage *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name (Last)** | **(First)** | **(Full Middle Name)** | **Employee ID (6-digit number) (Required Field)** |

**Planning to Move?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Will you be moving upon retirement?** |  | Yes |  | No | **Move Date:** \_\_\_\_\_\_\_\_\_\_ |
| **New Address:** |
| Employee Home Mailing Address: Street | City, State, Zip code |

|  |  |
| --- | --- |
| **Retain a copy of this form for your records before sending completed form to:**University of ConnecticutHuman Resources9 Walters Avenue, Unit 5075Storrs, CT 06269-5075Fax: 860-486-0378 | **For more information, contact Human Resources at:**Phone: 860-486-3034Email: hr@uconn.edu |

**Next Steps**

**Please Note:** Retirement applications will be processed in the order in which they are received in Human Resources. A Retirement Specialist will contact you to schedule an appointment to complete the retirement paperwork. Prior to your retirement/counseling sign up appointment, please locate and make copies of the following items listed below. Once you have ALL the items on this list, you may mail them **together** to Human Resources at any time prior to your appointment (one envelope please).

* **Birth Certificate of:**
	+ **Yourself**
	+ Spouse *(if married/partnered)*
	+ Contingent Annuitants *(if applicable)*
	+ Dependents *(if applicable)*
* Marriage Certificate, Civil Union Certificate *(if married/partnered)*
* Bring your Medicare card or copy of card to appointment

If you were born in the United States, a passport is not an accepted proof document by the Office of the State Comptroller’s Retirement Services Division. You will need to request a birth certificate from the city where you were born.

If you are planning to have your pension direct deposited, please provide your back account number and routing number.

***IMPORTANT: Incomplete applications and missing proof documents will cause a delay in processing your retirement application and could result in pension checks being delayed.***

*Revised 9/8/2017*