APPLICATION FOR RETIREMENT BENEFITS

FOR ALL CITY OF MERIDEN MUNICIPAL EMPLOYEES

AND

POLICE AND FIRE EMLOYEES HIRED ON OR AFTER MARCH 18, 2003

The Completed Application Form Must Be Sent To The Personnel Office At Least 30 Days Prior To The Month You Wish Retirement Benefits To Start.

Name: DOB:

Address:

City: State: Zip:

SSN: City Dept.:

Position: Employment Date:

Age at retirement: Last day actually worked
If not actively at work type of hours used (Sick, Vacation, Holiday, etc.)

Date of retirement: Length of Service:

Do you have an active workers' compensation claim with the City? ☐ Yes ☐ No

TYPE OF RETIREMENT APPLYING FOR:

☐ Normal
- Age 65 and a minimum of 10 years of service
- Rule of 80 – Age at Retirement plus years of service to equal 80

☐ Disability
- Minimum of 10 years of service required if non-service connected; attach proof of your total disability from any gainful employment

☐ Early
- Age 55 to age 64 and a minimum of 10 years of service

FORM OF BENEFIT (Check One)

☐	Normal Form	Normal form of retirement benefit is a single life benefit payable for the lifetime of the Member only.
☐	Option 1 100% Joint & Survivor Option	100% Joint and Survivor Option provides a Member with an actuarially reduced Pension during his or her lifetime. The amount of the actuarial reduction will depend on the Member's age and the age of his or her designated joint annuitant. Upon the Member's death, provided that it occurs before his or her designated joint annuitant's death, the joint annuitant shall be entitled to a lifetime monthly pension equal to 100% of the monthly pension paid to the Member during his or her lifetime. The Member may name as his designated joint annuitant, his or her spouse, dependent parent, brother, sister or friend.
☐	Option 2 66 2/3 % Joint & Survivor Option	66 2/3% Joint and Survivor Option provides a Member with an actuarially reduced Pension during his or her lifetime. The amount of the actuarial reduction will depend on the Member's age and the age of his or her designated joint annuitant. Upon the Member's death, provided that it occurs before his or her designated joint annuitant's death, the joint annuitant shall be entitled to a lifetime monthly pension equal to 66 2/3% of the monthly pension paid to the Member during his or her lifetime. The Member may name as his designated joint annuitant, his or her spouse, dependent parent, brother, sister or friend.
☐	Option 3 50% Joint & Survivor Option	50% Joint and Survivor Option provides a Member with an actuarially reduced Pension during his or her lifetime. The amount of the actuarial reduction will depend on the Member's age and the age of his or her designated joint annuitant. Upon the Member's death, provided that it occurs before his or her designated joint annuitant's death, the joint annuitant shall be entitled to a lifetime monthly pension equal to 50% of the monthly pension paid to the Member during his or her lifetime. The Member may name as his designated joint annuitant, his or her spouse, dependent parent, brother, sister or friend.
☐	Option 4 Ten (10) Years Certain and Continuous Option	Provides a Member with an actuarially reduced Pension during his or her lifetime dependent upon his or her age with the provision that if the Member dies before receiving payments for ten (10) years, the payments will be continued to a recognized beneficiary at the same reduced amount for the remainder of the ten (10) year period.

DESIGNATIONOF BENEFICIARY OR JOINT ANNUITANT (This section must be completed)

I hereby designate: _____

(Relationship)_____

Who resides at: _____

And whose date of birth is _____, as my:

☐ Joint annuitant to receive any retirement benefits that may be payable upon my death from the City of Meriden's Municipal Employees' Pension Plan hereby revoking any prior designations which I may have made.

☐ As my beneficiary to receive any death benefits that may be payable upon my death from the City of Meriden's Municipal Employees' Pension Plan revoking any prior designations which I may have made.

RETIREE HEALTH INSURANCE

Do you wish to elect Health Insurance? ☐ Yes ☐ No

NOTE: If you do not elect health insurance you may only elect it on July 1st during open enrollment or due to a documented IRS qualifying event.

I elect insurance coverage for:	**Name**	**DOB**
☐ Self		
☐ Self and Spouse		
☐ Self and Family		

WORKERS' COMPENSATION

Under the provisions of Section 35-8 of the City of Meriden Municipal Employees Pension Plan, all of the following payments to you and/or your dependents under the Connecticut Workers' Compensation Law shall be deducted from any concurrent payments to you or your beneficiary(ies) under the City of Meriden Municipal Employees Pension Plan:

- C.G.S. 31-306, except 31-306(1) burial expenses; Death resulting from accident or occupational disease. Dependents. Compensation.
- C.G.S. 31-307 Compensation for total incapacity.
- C.G.S. 31-307a Cost-of-living adjustment in compensation rates.
- C.G.S. 31-307b Benefits after relapse from recovery. Recurrent injuries.
- C.G.S. 31-308(a) Compensation for partial incapacity.
- C.G.S. 31-308a Additional benefits for partial permanent disability.
- C.G.S. 31-312. Compensation for Lost Time during medical treatment

This deduction from the pension received by you and/or your beneficiary(ies) will be taken currently, and at any time in the future, when you or your dependents are receiving payment of any or all of the above-recited Workers' Compensation benefits for a time period that is concurrent with the time period for which the pension is being received.

To the extent that a lump sum settlement of a Workers' Compensation claim provides benefits to a retiree or his dependents under C.G.S. 31-306 (except 31-306(1) burial expenses); C.G.S. 31-307; C.G.S. 31-307a; C.G.S. 31-307b; C.G.S. 31-308(a); C.G.S. 31-308a and/or C.G.S. 31-312 for a time period that is concurrent with the time period for which the pension is being received, the deduction from the pension will be taken.

I am presently receiving Workers' Compensation benefits as a result of an injury sustained during the course of and as a result of my employment with the City of Meriden? ☐ Yes ☐ No

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Signature_____

Witness Signature_____

Witness Printed Name_____

EMPLOYEE'S STATMENT

I hereby apply for retirement benefits from the City of Meriden's Municipal Employees'' Pension Plan. I certify that the information contained in this application and any supporting documents is, to the best of my knowledge and belief, true, correct and complete. I understand that the submission of false or misleading information may constitute grounds for the denial or suspension of retirement payments under the Municipal Employees' Pension Plan.

Employee's Signature:_____

Date:_____

SPOUSE'S STATEMENT

I,_____, am the legal spouse of

the employee named above.

I understand and agree with the Form of Benefit elected by my spouse on this retirement application.

Spouse's Signature_____

Notary_____

Spouse's Social Security Number._____

Date:_____