

If you would like COAERS staff to perform calculations on your behalf, then provide that information to you, complete and submit this form.

| | | | | |
|-----------------|---------------|-----------|--|----------|
| First Name | Middle Name | Last Name | Social Security Number-last 4 xxx-xx- | |
| Mailing Address | | City | State | Zip Code |
| Date of Birth | Primary Phone | | Alternate Phone | |
| Email Address | | | | |

Initial one of the choices below.

_____ **YES:** I have service with another Texas retirement system, and I am declaring such service to COAERS and wish it to be used towards my COAERS retirement eligibility. I understand that COAERS will verify such service before using it for COAERS eligibility.

| Name of Retirement System(s) for which you want Proportionate Service Credit | | |
|--|---|---|
| | Austin Police Retirement System | El Paso City Employees' Pension Fund |
| | Employees' Retirement System of Texas | El Paso Firemen & Policemen's Pension Fund |
| | Texas Municipal Retirement System | Judicial Retirement Systems of Texas I and II |
| | Texas County & District Retirement System | Teachers Retirement System of Texas |
| | Travis County Healthcare District | |

_____ **NO:** I do not have service with another Texas retirement system, or I am not declaring it to COAERS for use towards my eligibility for benefits.

QUALIFIED DOMESTIC RELATIONS ORDER DISCLOSURE - Initial one of the choices below.

_____ **NO:** My benefits are not subject to a Qualified Domestic Relations Order (QDRO).

_____ **YES:** A Qualified Domestic Relations Order (QDRO) exists and is on file with COAERS or is in progress.

| | |
|---|--|
| ESTIMATED/ACTUAL TERMINATION DATE: | |
| REQUESTED RETIREMENT DATE: | |

DESIGNATION OF SURVIVOR - I designate the following person as my survivor.

| | | |
|---------------|--------------|-----------|
| First Name | Middle Name | Last Name |
| Date of Birth | Relationship | |

FORM OF BENEFIT PAYMENT SELECTION - Choose one of the four options below by checking the box and completing the required information.

| | | |
|--|---|---|
| | Immediate Annuity | My first annuity payment will begin on the last day of the month following my retirement date. I am not electing a BackDROP, Partial Lump Sum, or a Deferred Annuity. |
| | BackDROP Immediate Annuity | I have elected to receive a Backward Deferred Retirement Option Payment (BackDROP) as well as an immediate annuity. The BackDROP payment will be issued at the time of my first annuity payment. My BackDROP period will be _____ months. |
| | Partial Lump Sum Immediate Annuity | I have elected to receive a Partial Lump Sum payment as well as an immediate annuity. The Partial Lump Sum payment will be issued at the time of my first annuity payment and is subject to a limit. My Partial Lump Sum payment will be \$ _____. |
| | Partial Lump Sum Deferred Annuity | I have elected to receive a Partial Lump Sum payment and defer the start of my annuity until _____ date. The Partial Lump Sum payment will be issued the last working day of the month after my retirement date. My Partial Lump Sum payment will be \$ _____. |

SICK LEAVE CONVERSION APPLICATION - Initial one of the choices below.

_____ **YES:** I am converting my eligible accrued sick leave to creditable retirement service.

_____ **NO:** I am **not** converting my eligible accrued sick leave to creditable retirement service.

Insurance:

| | HMO | PPO | CDHP w/ HSA | Vision | Dental HMO | Dental PPO |
|----------------------------|--|-----|---------------------------|--------|--|------------|
| Retiree only | | | | | | |
| Retiree and Spouse | | | | | | |
| Retiree and Family | | | | | | |
| Retiree w/ Medicare | <input type="checkbox"/> yes <input type="checkbox"/> no | | Spouse w/ Medicare | | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Retiree w/ Tobacco | <input type="checkbox"/> yes <input type="checkbox"/> no | | Spouse w/ Tobacco | | <input type="checkbox"/> yes <input type="checkbox"/> no | |

Tax Withholding:

| | | | |
|------------------------------|--|---|--|
| Filing Status: | <input type="checkbox"/> Single or Married filing separately | <input type="checkbox"/> Married filing jointly | <input type="checkbox"/> Head of Household |
| Dependents: | Number under 18 years of age: | Number over 18 years of age: | |
| Extra withholding requested: | | Yearly income from other sources: | |

SIGNATURE: I understand that the information COAERS will provide is an estimate which is subject to change and correction. The information that will be contained in the estimate is not to be construed in any way as a promise or contract with COAERS to provide any expressed or implied right or benefit. The actual determination of my eligibility and benefits will be made by COAERS based upon the law and policies in effect at the time of that determination and is subject to audit and recalculation if necessary. COAERS does not guarantee the results provided in an estimate and is not responsible for any consequence to any person or entity relying on that information.

| | |
|-------------------------|-------------|
| Member Signature | Date |
|-------------------------|-------------|