

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.

<b>ESTIMATED/ACTUAL TERMINATION DATE:</b>	
<b>REQUESTED RETIREMENT DATE:</b>	

**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.

<input type="checkbox"/>	<b>Immediate Annuity</b>	My first annuity payment will begin on the last day of the month following my retirement date. I am <b>not</b> electing a BackDROP, Partial Lump Sum, or a Deferred Annuity.
<input type="checkbox"/>	<b>BackDROP Immediate Annuity</b>	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.
<input type="checkbox"/>	<b>Partial Lump Sum Immediate Annuity</b>	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 \$ _____.
<input type="checkbox"/>	<b>Partial Lump Sum Deferred Annuity</b>	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:**

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

**Tax Withholding:**

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

**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.

<b>Member Signature</b>	<b>Date</b>