

# NOTICE OF INTENT TO RETIRE AND RETIREMENT INFORMATION FORM

(The purpose of this form is to start the processing of your retirement forms for your intended retirement date once you have made the decision to retire. It is not for the purposes of seeking retirement counseling services for an unknown retirement date.)

Intended Retirement Effective Date: \_\_\_\_\_ Tier: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Full Name: \_\_\_\_\_ Employing Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married Date of Marriage: \_\_\_\_\_  Divorced QDRO/Divorce Agreement?  Yes  No

Retirement Purchase (approved or pending):  Yes  No (If yes, submit copy of Purchase Request/Approval)

Retirement Option: (Please check one below)

- Not Certain Yet
- Option A – 50% Spouse
- Option B - \_\_\_50% Annuitant \_\_\_100% Annuitant
- Option C - \_\_\_10 yr. Certain \_\_\_20 yr. Certain
- Option D – Straight Life Annuity

Type of Retirement: (Please check one or more below)

- Voluntary (Normal or Early)  Not Certain Yet
- Disability-Service Connected
- Disability-Non-Service Connected
- Hazardous Duty
- Vested Rights

**Spouse/Annuitant – if you chose Option A, B or C:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Retiree: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Beneficiary – all Options** (to receive any remaining contributions and interest, if any, after death of retiree and spouse/annuitant):

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ANTHEM MEDICAL

- State BlueCare Prime Plus POS
- State BlueCare POS
- Out of Area Plan – Only if Retiree’s Permanent Residence is Outside Connecticut
- State BlueCare POE-G
- State BlueCare POE
- State Preferred POS – Available only if Currently Enrolled
- Not Certain Yet

## DENTAL {Leave Blank if Unsure}

- Dental DHMO
- Basic Dental
- Enhanced Dental

**Spouse/Dependents to be covered on Health/Dental Insurance (Click here if not yet certain:  )**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S. # \_\_\_\_\_

Is any member listed above eligible for Medicare? \_\_\_\_\_ (if yes, supply a copy of the card)

Are you presently receiving Workers’ Compensation? \_\_\_\_\_

**By completing and signing this form, I am officially notifying the State of Connecticut of my intent to retire on the effective date indicated above.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form, along with required documentation, should be submitted, via e-mail to [DAS.BenefitsandLeavesPod5@ct.gov](mailto:DAS.BenefitsandLeavesPod5@ct.gov), or via fax to **860-622-4928** as soon as you know your intended retirement date. To facilitate a smooth retirement process and allow enough time to accurately audit your employment records, it is recommended that you submit this completed form 60 – 90 days prior to the intended retirement date.

### Documentation Required:

Copy of Birth Certificate – Self

Copy of Birth Certificate – Spouse/Annuitant

Copy of Marriage Certificate – If applicable

Copy of Medicare Cards – If applicable

**BENEFIT PAYMENT OPTIONS**  
**YOU MAY CHOOSE THE FORM OF BENEFIT PAYMENT**

When you apply for retirement you must elect one of the four payment “options”. The optional forms of payment available are:

1. Option D - Straight Life Annuity. This option provides you with the highest monthly benefit - a benefit for life. However, all payments stop at your death.
2. Option A - Spouse. This option first provides a reduced monthly benefit to you for life. Then, 50% of that benefit will continue after your death for the lifetime of your surviving spouse. As long as you have been married for a least one year prior to the time benefits begin, you are eligible for this option.
3. Option B - Contingent Annuitant. This option arranges to continue payments after your death to any annuitant you choose. The Annuitant can be any person, including your spouse. The option provides a reduced monthly benefit to you for life. After your death, a percentage of that benefit, either 50% or 100%, whichever you choose, Will continue for the lifetime of your annuitant.
4. Option C - 10 Year or 20 Year Period Certain. This option provides reduced monthly payments to you for your lifetime, with payments guaranteed from you date of retirement for 10 or 20 years, whichever you choose. If you die before 10 years (120 payments) or 20 years (240 payments), the remaining payments will be made to your designated annuitant(s).

If you elect a payment form that will continue an income to a survivor, the benefit amount you receive will depend on your age and, with the exception of Option C, the age of your annuitant. In the case of Option C, your closest age is the determining factor. The amount is less than you would receive if benefits were paid to you alone.

If you have been married for at least one year prior to the commencement of your retirement benefits, a spousal waiver will be required if you do not provide a lifetime guarantee (50% or 100% option) for that spouse.

If you retire and have not designated in writing the payment form you would prefer, your benefit will be paid according to your marital status when payments begin.

Your benefit payment option cannot be changed after retirement. Therefore, it is very important that you elect your “option” following careful review of all the available choices.

**PLEASE NOTE:** If you elect Option D, at the time of your death, not only do all pension payments stop, but health insurance through the State Employees Retirement System for any dependents you were covering also ends. Dependents would be offered the choice of assuming full (100%) cost of the group health insurance for a limited period only (currently 3 years). Then all health insurance benefits available through the state would cease. Dependent reimbursement for Medicare Pat B will also end at your death.

If you elect Option A, B, or C, at the time of your death, the state sponsored health coverage and the Medicare Part B reimbursement is extend to the designated annuitant and their dependents for as long as the benefit continues to be paid, provided the designated annuitant and dependents were your dependents or cohabited with you at the time of your death.

**LIFE INSURANCE (Group Life Insurance Unit: (860)702-3537)**

If you participate in the Basic Group Life Insurance Plan and retire with 25 or more years of actual state service, you will receive a paid-up life insurance policy equal to on half of the amount of your current coverage. If your actual state service is less than 25 years you will receive a prorated amount. You will also be given a 30-day period in which to purchase the remaining amount of coverage on a guaranteed issue basis.

**RETIREMENT HEALTH AND DENTAL INSURANCE (Retirement Health Insurance Unit (860) 702-3533)**

For additional information regarding your health and dental plan choices, please refer to the current Retiree Health Care Options Planner at: <https://www.osc.ct.gov/benefits/medical.htm>.

**Medicare:** Retirees and dependents eligible for Medicare Part A must enroll in Medicare Part B, regardless of age. The State currently reimburses 100% of the normal cost of Medicare Part B for the retiree and eligible dependents effective from the date a copy of your Medicare card is received by the Retirement Health Insurance Unit.

When you become eligible for Medicare, you will be automatically enrolled in a Group Medicare Advantage Plan administered by UnitedHealthcare. You will receive a Medicare Advantage card – use this one card for all Medical and Pharmacy visits (everything in one card).