


CITY OF SAN JOSÉ RETIREMENT APPLICATION CHECKLIST

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<p>1. <u>Complete the Retirement Application</u> noting the following items:</p> <ul style="list-style-type: none"> • ORS requests that information and documentation be submitted 2-3 months prior to your retirement date. This will allow timely processing of your retirement application. • If married, application must have <u>spouse's signature</u>. • <u>Electronic Signatures Will Not Be Accepted</u> • Your retirement effective date can be any date that you are eligible to retire. It is highly recommended that you retire the last day of the pay period to avoid potential time posting errors that can cause delays in payment or other unforeseeable discrepancies. Also note that the retirement effective date cannot be <i>prior</i> to the date the application is received by Retirement Services. • Important Note Regarding Retirement Effective Date and Insurance Premiums: As an active employee, your insurance premiums are deducted from your 1st and 2nd paychecks of each month. If you select a retirement date which will not allow the 2nd insurance premium to be deducted from your active payroll check, your 2nd insurance premium will either be deducted from your final payout or the City will bill you. Premiums for active insurance coverage will NOT be deducted from your retirement pension check. 	
<p>2. <u>Submit copies of birth certificates.</u> Please submit copies of certified birth certificates for you, your spouse/domestic partner, and dependents who will be covered on your health and/or dental plans. NOTE: For this purpose, "certified birth certificate" is defined as the document filed with the County Recorder in the county in which the birth took place.</p>	
<p>3. If you are married or in a certified domestic partnership, <u>submit a copy of the certified marriage certificate</u> issued by the County in which you were married or <u>Domestic Partnership Certificate and Declaration of Domestic Partnership (notarized)</u>. Ceremonial Certificates are not accepted.</p>	
<p>4. If you divorced while employed, <u>attach a copy of the complete divorce settlement that addresses your retirement and a copy of the Judgment of dissolution.</u></p>	
<p>5. <u>Submit your application to the Office of Retirement Services (ORS):</u></p> <ul style="list-style-type: none"> • MemberDirect: To submit securely, go to www.sjretirement.com & click "Member Portal Login." Login to MemberDirect, click "Message Center" on the left, click "Send a New Message," and attach your document(s) to the message. • Mail/Drop Off: 1737 N. 1st St. Suite 600, San José, CA 95112 (M-F, 8:00-5:00pm) • Email: retirement.dept@sanjoseca.gov or Fax: (408) 392-6732 	
<p>6. After your application is submitted, you will be assigned to a Retirement Analyst, sent a packet of forms, and scheduled for Group Counseling. Group Counseling provides an opportunity to learn about retirement benefits and forms, ask questions, and have your signatures witnessed by Retirement staff. <u>Forms must be completed properly and returned in a timely manner</u> so that your first pension check is issued on time. Please notify your Analyst if you are unable to attend your Group Counseling Session. When your application is received, Retirement Services will notify your department (current City employees only).</p>	

Additional Information for DISABILITY RETIREMENT APPLICANTS:

<p>1. For Police & Fire members, applications for disability retirement <u>must</u> be filed with ORS within 1 month of separation from City service (SJMC 3.36.920 (A) (5)).</p>	
<p>2. If you are applying for a Service-Connected Disability, ORS will request copies of your medical records from Workers' Compensation. If you want ORS to consider additional medical records that Workers' Compensation may not have, you must provide them.</p>	
<p>3. If you are applying for a Non-Service-Connected Disability you must provide <u>all</u> medical reports supporting your disability claim.</p>	

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I, _____, hereby apply for retirement benefits from the City of San José

☐ Federated System or ☐ Police/Fire Plan effective on _____ (m/d/yyyy).

TYPE OF RETIREMENT:

- ☐ **SERVICE** (current City employees only)
- ☐ **EARLY RETIREMENT**
- ☐ **DEFERRED VESTED** (former City employees)
- ☐ **DISABILITY RETIREMENT** (also complete pgs 3-4)

TIER:

- ☐ **FEDERATED TIER 1**
- ☐ **FEDERATED TIER 1 CLASSIC**
- ☐ **FEDERATED TIER 2A**
- ☐ **FEDERATED TIER 2B**
- ☐ **NOT SURE/DON'T KNOW TIER**
- ☐ **POLICE TIER 1**
- ☐ **POLICE TIER 1 CLASSIC**
- ☐ **POLICE TIER 2**
- ☐ **FIRE TIER 1**
- ☐ **FIRE TIER 1 CLASSIC**
- ☐ **FIRE TIER 2**

RETIREMENT HEALTH INSURANCE:

- ☐ Check if you're enrolled in VEBA (Voluntary Employees' Beneficiary Association).
- ☐ Check if you and/or your spouse are eligible for Medicare and enrolling in a medical plan. If eligible for medical coverage, you and/or your spouse must enroll in Medicare to be covered under a retirement medical plan.

APPLICANT INFORMATION:

HOME STREET ADDRESS:		CITY, STATE ZIP CODE:	
SOCIAL SECURITY #:		EMPLOYEE ID:	
CELL PHONE:		HOME PHONE:	
WORK PHONE:		PERSONAL EMAIL ADDRESS:	
DATE OF BIRTH (m/d/yyyy):	AGE AT RETIREMENT:	TOTAL YEARS OF SERVICE:	
DEPARTMENT:		JOB TITLE:	

DIVORCE/DISSOLUTION OF MARRIAGE OR DOMESTIC PARTNERSHIP (DP):

- ☐ Check if **NO** applicable divorce or dissolution.


If you were married or in a certified domestic partnership while employed by the City & experienced a divorce or dissolution of domestic partnership, please provide the dates and name of ex-spouse/DP. If your divorce/dissolution has not been previously reported to ORS, your first pension payment may be delayed.	Date of Marriage or Certified DP	Date of Divorce or Dissolution	Name of Ex-Spouse/DP

MARRIAGE OR CERTIFIED DOMESTIC PARTNERSHIP (DP):

- ☐ Check if you're **NOT** married or in certified domestic partnership (DP).

SPOUSE/DP NAME:	SPOUSE/DP SOCIAL SECURITY #:	SPOUSE/DP DATE OF BIRTH:
IS IT A MARRIAGE OR CERTIFIED DP?		DATE OF MARRIAGE/DP REGISTRATION:
Marriage Certified Domestic Partnership		

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CHILD DEPENDENTS TO BE COVERED UNDER HEALTH INSURANCE(S):

☐ Check if you do **NOT** have children under age 26 who will be covered under your health insurance(s).

NAME	SSN	DATE OF BIRTH m/d/yyyy	AGE	RELATIONSHIP	LEGAL DEPENDENT?

☐ Check if you have additional child dependents to be covered (attach separate sheet).

RECIPROCITY:

☐ Check if you are **NOT** claiming reciprocity.

Complete the following if you are a member of another California Public Retirement System and you have/are claiming reciprocity. **YOU MUST HAVE THE SAME RETIREMENT DATES IN ALL SYSTEMS TO QUALIFY FOR RECIPROCAL BENEFITS.**

NAME OF RECIPROCAL SYSTEM	DATE RANGE OF SERVICE CREDITED	DATE OF RETIREMENT AT RECIPROCAL SYSTEM

FELONY INFORMATION:

Have you ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete information below)
Date of Conviction		
Court		
Case Number		

Pending Felony Charge: Are you currently being charged with committing a felony for acts that allegedly occurred during your City employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete information below)
Prosecuting Entity		
Court		
Case Number		


I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION STATED IN THIS RETIREMENT APPLICATION (FORM RP-2) IS TRUE AND CORRECT.

RETIREE'S SIGNATURE: _____ DATE: _____

SPOUSE/DP SIGNATURE: _____ DATE: _____

For current employees, Retirement Services will inform your department upon application submittal.

FOR OFFICE USE ONLY			
ANALYST:		<input type="checkbox"/> SCD PENDING	<input type="checkbox"/> CHANGE OF STATUS
AGENDA DATE:		BOARD ACTION:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
AGENDA ITEM #:			

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----- DISABILITY RETIREMENT APPLICANTS ONLY -----

If you have a disabling injury or illness that prevents you from performing your job duties, you may be eligible for a disability retirement. Disability retirement is separate from Workers' Compensation. Even if your Workers' Compensation claim is approved, you may not qualify for a disability retirement. For more information, go to the Disability Retirement page on www.sjretirement.com.

TYPE OF DISABILITY RETIREMENT:

- ☐ **Service-Connected:** The disabling illness/injury was caused by, or worsened by, City employment.
- ☐ **Non Service-Connected Disability:** Any disabling illness/injury that prevents you from working.

LEAVE OF ABSENCE:

If you are an active employee on a leave of absence, please indicate the date that you anticipate you will exhaust all paid leave. N/A if not active employee on leave.	Date
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STATUS OF DISABILITY:

Indicate the date you were deemed Maximum Medically Improved (MMI) or Permanent & Stationary (P&S) by a doctor. N/A if not MMI or P&S.	Date
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INJURED BODY PARTS:

List **only** the injured body part(s) or illness(es) that are relevant for your disability retirement application.

DISABILITY RETIREMENT ATTORNEY:

The Disability Retirement Attorney is typically a different attorney than your Workers' Compensation attorney. **If there are any changes to your attorney (adding, changing, or removing), you must notify ORS in writing immediately.**


- ☐ Please check this box if you are **NOT** represented by an attorney for your disability retirement application.


Disability Retirement Attorney Name			
Attorney Email		Attorney Phone	
Attorney Address			

IMPORTANT INFORMATION REGARDING DISABILITY RETIREMENTS:

Read and initial every line, regardless of Plan, and sign the bottom.

IMPORTANT INFORMATION REGARDING DISABILITY RETIREMENTS Print THIS FORM, sign your initials on each line, regardless of Plan, & sign the bottom.	Your Initials
Application Timeline for Police & Fire Plan: I understand that I have <u>one month</u> from the date of my separation/retirement from the City to submit a disability retirement application to the Board.	
Sick Leave Payout for Police & Fire Plan: I understand & agree that if I am granted a disability retirement after my service retirement, I must pay back the difference between the service retirement & the disability retirement sick leave payout amounts. I understand the amount will be due immediately in a lump sum payment to the City of San José. I understand that I have an option to contact paysuper@sanjoseca.gov to request a reduced sick leave payout to avoid owing money back to City of San José if I am later granted a disability retirement.	

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY</p>	<p>Title</p> <p>APPLICATION FOR RETIREMENT</p>	<p>Document No.</p> <p>Form RP-2</p>	<p>Rev.</p> <p>4/28/25</p>	<p>Page</p> <p>4 of 5</p>
<p>IMPORTANT INFORMATION REGARDING DISABILITY RETIREMENTS (CONTINUED) Print THIS FORM, sign your initials on each line, regardless of Plan, & sign the bottom.</p>				<p>Your Initials</p>
<p>Workers' Compensation Offset (Police & Fire Tier 2; Federated All Tiers): I understand & agree that if I am granted a service-connected disability retirement & receive concurrent Workers' Comp payments due to the same disability, my disability retirement allowance will be reduced (SJMC §3.28.1040B&§3.36.1030B)</p>				
<p>Outside Earnings Reporting: I understand & agree that if I am granted a disability retirement it's my responsibility to inform ORS if I engage in a gainful occupation & report all income from such occupation to the Plan. I understand that any money earned above the maximum earnable amount of the City job classification I was in at the time of retirement will be offset from my retirement pension.</p> <ul style="list-style-type: none"> <u>Police & Fire:</u> I understand I must submit documentation of outside earnings per SJMC §3.36.1035B until my service credit in the Plan plus the time I have been retired for disability equals twenty years. <u>Federated:</u> I understand I must submit documentation of outside earnings per SJMC §3.28.1325A until I reach age 55 (Tier 1) or age 62 (Tier 2). 				
<p>Tax Free Portion For Approved Service-Connected Disability (SCD) Retirements:</p> <ul style="list-style-type: none"> <u>Police & Fire:</u> If SCD is approved, 50% of your Final Average Salary will be non-taxable income for as long as your benefit is paid to you. <u>Federated:</u> If SCD is approved, 40% of your Final Average Salary will be non-taxable income for as long as your benefit is paid to you. <p>For approved retroactive SCD, corrected 1099s for current year plus 3 prior years will be mailed within 4-6 weeks after your first SCD pension payment is issued.</p>				
<p>Change in Status After Selecting Option: I understand that if I elect an optional settlement for my beneficiary at the time of my service retirement & I am subsequently granted a disability retirement, I will owe money back to the Plan due to the actuarial difference between a service & disability retirement. There will be an ongoing reduction in my monthly pension & cost of living adjustments. In addition, there will be a lump sum amount due to the Plan for overpayments retroactive to the effective date of the disability retirement benefit. The amount owed to the Plan will be deducted from my monthly pension.</p>				
<p>Tier 2 Catastrophic Disability Healthcare: If I'm granted a service-connected disability retirement, I understand that I am eligible for plan-sponsored medical & dental insurance (single coverage under the lowest cost medical plan) if I meet the following conditions:</p> <ol style="list-style-type: none"> I am a member of a Tier 2 Police & Fire or Tier 2B Federated Plan; and I am receiving a service-connected disability retirement benefit; and I am not eligible for an unreduced service retirement; and I do not have other employment which provides medical and/or dental coverage; and I have exhausted all funds credited to my VEBA account; and I am not eligible for Medicare. <p>I understand I must submit an annual affidavit verifying that I have no other employment which provides medical and/or dental coverage or my coverage will be terminated.</p>				
<p>Contact Information: I understand that I am responsible for informing ORS of any changes to my contact information (address, phone, email) during the pendency of my disability retirement application & failure to provide ORS with updated contact information could delay or otherwise prejudice my application & be grounds for denial.</p>				
<p>Disability Retirement Rules & Procedures: I have reviewed & understand my Plan's disability retirement rules posted on the Disability Retirement pages on www.sjretirement.com & linked below. If I'm a member of the Federated Plan, I understand that failure to respond to ORS communications, as outlined in the Disability Retirement Rules & Procedures will result in the withdrawal of my application.</p> <ul style="list-style-type: none"> Police & Fire Disability Retirement Rules & Procedures Federated Disability Retirement Rules & Procedures 				
<p>I have reviewed and understand all the information contained on this RP-2 form.</p> <p>Signature: _____ Date: _____</p>				

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******CONSENT TO RELEASE INFORMATION******

I request that the Retirement Plan make such investigation as it may deem necessary to establish the facts in my case to determine my appropriate retirement status and retirement allowance amounts under the San Jose Municipal Code.

My personal physician, the Board's Independent Medical Examiner, and all other persons having knowledge of any pertinent facts relating to my physical/medical conditions and my workers compensation matters are hereby authorized to disclose such matters to you or to your agents for the purpose of establishing the kind and degree of my disability and the amount of my disability retirement allowance. This written consent for authorization for disclosure includes, but is not limited to, the disclosure of all medical records; all past, current and future workers' compensation payment listings; any information regarding the claim type for each workers' compensation payment (temporary disability, permanent disability, vocational rehabilitation, lump sum payment & time periods); information regarding the permanent disability percentage rating for each body part; any 5020 injury reports; and any information regarding workers' compensation payments (including those that are ongoing and that will continue).

If it is related to the medical condition(s) for which the disability retirement application was submitted, I hereby also specifically consent to the release of any and all alcohol, drug abuse, or psychiatric treatment records under the same conditions as outlined above.

I certify that the contact information on page 1 of this Application for Retirement is true and correct, and up to date. I understand that I am responsible for informing the Office of Retirement Service ("ORS") of any changes to my contact information (including my address, phone, and email) during the pendency of my disability retirement application and failure to provide ORS with updated contact information could delay or otherwise prejudice my application and be grounds for denial.

RETIREE NAME (PRINTED): _____

RETIREE Signature: _____

Date: _____